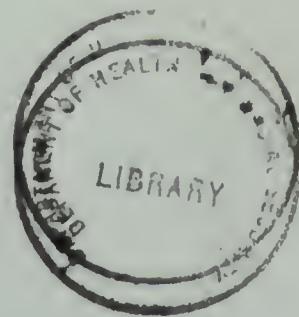


II

CAMBRIDGESHIRE AND ISLE OF ELY
COUNTY COUNCIL



ANNUAL REPORTS
of the
County Medical Officer of Health
and
Principal School Medical Officer
for the year
1972

County Medical Officer of Health:

P. A. Tyser, M.D., F.F.C.M., M.R.C.G.P., D.P.H.

Principal School Medical Officer:

M.E. Hocken, M.B., Ch.B., D.P.H.

Health Department, Shire Hall, Cambridge.

Tel: Cambridge 58811

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COUNTY COUNCIL



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HEALTH COMMITTEE

Chairman: Alderman Harry Payne, O.B.E., J.P.

Alderman R.G. Curston, J.P.
Alderman T.H. Ellingham, O.B.E., J.P.
Alderman A.J. Goss
Alderman E. Hephher
Alderman W.J. James
Alderman E.W. Parsons
Alderman M. Payne
Alderman C. Webb
Councillor D.M. Abbott
Councillor G.J. Acton
Councillor A.B. Amey

Councillor H. Crabb
Councillor D.Q. Fuller
Councillor J.J.B. Foster
Councillor O.R. Game
Councillor A.S. Hannington
Councillor H. Hartley
Councillor D.H. Hofford
Councillor H. Palmer
Councillor D.M. Silverston
Councillor H. Tash
Councillor E.M. Vinith-Williams

Three representatives from the Cambridgeshire and Isle of Ely Executive Council:

Councillor F.G.W. Darby; Dr. H.R. Erskine; Dr. J.A. Sadler

Two persons with special experience in health:

Mrs. P.R. Burnet, C.B.E., J.P.; Mr. E.N. Rigg

Matters concerned with the School Health Service are dealt with by the Special Services Sub-Committee of the Education Committee.

STAFF

(as at 31st December, 1972)

County Medical Officer

P.A. TYSER, M.D., F.F.C.M., M.R.C.G.P., D.P.H.

Associate County Medical Officer and Principal School Medical Officer

M.E. HOCKEN, M.B., Ch.B., D.P.H.

Second Deputy County Medical Officer (based at the Health Centre, March)

J.C. BURNS, M.B., B.Ch., B.A.O., D.P.H.

Senior Medical Officers

B.W.M. MACARTNEY, B.A., B.M., B.Ch., D.C.H., D.P.H., D(Obst)., R.C.O.G.

*EILEEN M. BRERETON, M.A., M.B., Ch.B.

Administrative Deputy to County Medical Officer

L. BLY, D.M.A., F.H.A., A.C.I.S.

Medical Officers in the Department and School Medical Officers:

The following doctors undertake sessional work for the department:

MARGARET E. ABEL, M.B., B.Chir., M.R.C.S.,
L.R.C.P., D(Obst)., R.C.O.G.

ROSALIND B. BANGHAM, M.B., B.S.

KATHERINE A. BARCLAY, B.M., B.S.

AMELIE BOYD, B.Sc., M.B., B.Ch., B.A.O.,
D.P.H.

W.H. CARLISLE, M.Sc., M.B., Ch.B.,
F.R.C.S., F.R.C.O.G., D(Obst.).

RUTH M. CHIPPINDALE, M.B., B.Chir.,
M.R.C.S., L.R.C.P., D.C.H.

DOROTHY M. COCKIN, M.B., B.S., M.R.C.S.,
L.R.C.P.

DOROTHY M. DAVY, M.B., Ch.B.

ELIZABETH J. DOSSETOR, M.B., B.S., M.R.C.S.,
L.R.C.P.

PAMELA M. FISHER, M.B., Ch.B.

GWENETH M. GRESHAM, M.B., B.S.

JENNIFER A. HALLAM, M.R.C.S., L.R.C.P.

HILDA A. HALL-SMITH, M.B., B.Ch., B.A.O.,
D(Obst).

W.R. HOLTON, M.B., B.S., M.R.C.S.,
L.R.C.P.

GWYNETH R. JONES-DAVIES, M.B., B.Ch.

MARGARET R. MELLOR, M.D., Ch.B., M.R.C.S.,
L.R.C.P., D(Obst)., R.C.O.G.

MAUVEEN E.V. MUNK, M.B., Ch.B.

ROSE A. NEWSOM, M.B., B.Ch., B.A.O.,
D(Obst)., R.C.O.G.

SUZANNE B. ORAM, M.B., B.S., D(Obst).,
R.C.O.G.

ELIZABETH R. PHIPPS, M.B., B.S., M.R.C.S.,
D(Obst)., R.C.O.G.

SYBILLE E. STOVIN, M.B., B.S., M.R.C.S.,
L.R.C.P.

ANNEREGINE SYSON, M.B., B.Ch.

MARJORIE THOMAS, B.Sc., M.B., Ch.B., D.P.H.

Honorary Consultant Psychiatrists

The undermentioned hold appointments as honorary consultant psychiatrists to the local health authority:-

D.H. CLARK, M.A., M.D., F.R.C.P., D.P.M.
G.M. PETRIE, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D(Obst)., R.C.O.G.
G.E. ROBERTS, M.B., B.Ch., D.P.M.

There are also a number of other doctors, including general practitioners, undertaking child health clinic work.

Consultant Chest Physicians:	C.E.P. DOWNES, M.R.C.S., M.R.C.P. J.E. STARK, M.D., M.B., B.Ch., M.R.C.P.
Chief Dental Officer:	J.C. McINTYRE, L.D.S.
Area Dental Officers:	D.H. LYLE, B.D.S. MARGARET C. McINTYRE, B.D.S. D.J.S. WATERHOUSE, L.D.S.
Senior Dental Officers:	LORNA J.M. KNOX, L.D.S. O.E. LAW, L.D.S. SHIRLEY F. TRIBE, B.D.S.
Dental Officers:	*OLIVE FOULDS, L.D.S. *R.A. GREATOREX, B.D.S. *WINIFRED J. HORNETT, B.D.S. *GLENYS MOSS, B.D.S. *JESSIE M. POUNTAIN, L.D.S. *GILLIAN H. REDDICK, L.D.S. *ELISE SAMPSON, L.D.S. ROSEMARY SCHOFIELD, B.D.S.
Consultant Anaesthetists:	*F. ALBERTS, M.B., B.S., M.R.C.S., L.R.C.P., F.F.A.R.C.S., D.A. *Consultant Staff, Anaesthetic Department, Addenbrooke's Hospital
Dental Auxiliaries:	HAZEL BARTHOLOMEW JANICE E. CLOWES CHRISTINE A. IDEN SANDRA I. PILSWORTH ANN RANDALL *GERALDINE L. TIBBS
Director of Nursing Services:	SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H.Admin.Cert.
Area Nursing Officers:	MARY F. ANTCLIFF, S.R.N., S.C.M., Q.N., H.V., P.H.Admin.Cert. ALISON REID, S.R.N., S.C.M., Q.N., H.V., P.H.Admin.Cert.
Senior Health Education Officer:	JANE RANDELL, S.R.N., S.C.M., H.V., Q.N., Dip.H.E.
Health Education Officers:	W.G. BUCHANAN, R.G.N., Q.N., Dip.H.E. *GERALDINE L. TIBBS
Senior Teacher of Children with Impaired Hearing:	J.L. HOLMES, B.A., C.T.D.
Teacher of Children with Impaired Hearing:	J.E. WILLIAMS, M.A., C.T.D.
Senior Administrative Assistants:	I. HUTCHINSON, D.M.A. (Deputy to Administra- tive Deputy) (General Health Services) J. GIPSON (March Office) H.J. SADLER (School Health Service) R.F. SUMMERFIELD (Management and Finance)

Chief Ambulance Officer:	A.D. PRIOR
Senior Speech Therapist:	HEATHER G. HRAMTSOV, L.C.S.T.
Speech Therapists:	*M.M. BANYARD, L.C.S.T. *P. COLLINS, L.C.S.T. E. EVANS, L.C.S.T. *D.E. GOODMAN, L.C.S.T. E. GREEN, L.C.S.T. J. PARKIN, L.C.S.T. R. RATCLIFF, L.C.S.T. G. SALTMARSH, L.C.S.T. *R. SCOTT, L.C.S.T. M. THOMPSON, L.C.S.T.
Educational Psychologists:	M.W. BRENNER, M.A., Ph.D. *A.C. DUNNE, B.A., Dip.Ed.Psych. T. McN. MILLAR, B.A. G. McG. SCHIACH, M.A., M.Ed.(Aberdeen)

*Part-time staff

CHILD PSYCHIATRIC SERVICE

United Cambridge Hospitals and East Anglian Regional
Hospital Board

CAMBRIDGE

Consultant Child Psychiatrists:	A. GAGE, M.B., Ch.B., D.P.M. V. PILLAI, M.B., B.S., D.C.H., D.P.M., M.R.C. Psych. M.I. PLATT, M.B., Ch.B., D.P.M. (Part-time)
Consultant Psychiatrist Specialising in Adolescence:	T.K. MACLACHLAN, M.R.C.Psych., M.R.C.P.Ed., D.P.M.
Senior Psychiatric Registrar:	S. THAVASOTHY, M.B., B.S., D.P.M., M.R.C. Psych.
Psychologists:	MRS. M.F. FARRELL, M.A. (Part-time) MISS G. GUMLEY, B.A. MRS. J. MUERS, M.A.
Senior Psychiatric Social Worker:	MRS. G.R. ADAMS
Psychiatric Social Worker:	MRS. S. ROSE (Part-time)
Social Work Assistants:	MRS. S. FRIEDMAN, S.R.N. MRS. A.P. GAGE, S.R.N. (Part-time) MRS. J.E. TURNER

PETERBOROUGH

Consultant Child Psychiatrists:	B.F. WHITEHEAD, M.A., M.B., D.P.M. E.B. PETERSON, M.B., Ch.B., D.P.M., M.R.C. Psych.
Clinical Psychologist:	MRS. P. SPINKS, M.A.Hons.
Principal Social Worker:	MRS. D.M. JOHNSON, A.A.P.S.W.
Social Worker:	MRS. M. KIDD, M.A., Dip. in Applied Social Studies.

CITY OF CAMBRIDGE

Under the scheme of delegation which commenced on 1st October, 1960, the City of Cambridge are responsible for the administration of certain health services in their area. The staff providing the services are under the direction of the City Medical Officer of Health, J.T. Roberts, M.B., B.S., D.P.H.

DISTRICT COUNCILS

Urban Areas

Cambridge City Municipal Borough,
Kett House, Station Road, Cambridge

Chatteris Urban District Council,
Grove House, Chatteris

Ely Urban District Council,
Lynn Road, Ely

March Urban District Council,
Town Hall, March

Whittlesey Urban District Council,
Council Offices, Whittlesey

Wisbech Municipal Borough Council,
Town Hall, Wisbech

Rural Areas

Chesterton Rural District Council,
Great Eastern House, Tenison Road,
Cambridge

Ely Rural District Council,
Lynn Road, Ely

Newmarket Rural District Council,
Park Lane, Newmarket

North Witchford Rural District Council,
74, High Street, Chatteris

South Cambridgeshire Rural District
Council, South Cambridgeshire Hall,
Hills Road, Cambridge

Wisbech Rural District Council,
Council Offices, Alexandra Road,
Wisbech.

Medical Officer of Health

J.T. Roberts, M.B., B.S., D.P.H.

A.S. Watson, M.R.C.S., L.R.C.P.

B.W.M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D(Obst.)R.C.O.G.

J.C. Burns, M.B., B.Ch., B.A.O., D.P.H.

D.C. Logan, M.B., Ch.B., D.P.H.

M.D.C. Martin, M.B., Ch.B., D.C.H.

M.E. Hocken, M.B., Ch.B., D.P.H.

B.W.M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D(Obst) R.C.O.G.

B.W.M. Macartney, B.A., B.M., B.Ch.,
D.C.H., D.P.H., D(Obst) R.C.O.G.

M.E. Hocken, M.B., Ch.B., D.P.H.

M.E. Hocken, M.B., Ch.B., D.P.H.

M.D.C. Martin, M.B., Ch.B., D.C.H.

GENERAL STATISTICS OF THE ADMINISTRATIVE COUNTY

Area	531,578 acres
Mid-year population (Registrar General's estimate)	308,280
Census Population 1971	303,044
Census Population 1966 (based on 10% sample census)	287,840
Birth Rate (corrected)	14.3 per thousand population 13.6 " " "
Death Rate (corrected)	11.2 " " " 10.5 " " "
Infant Mortality Rate	13.3 " " "

GENERAL INFORMATION

The area of the administrative county remained unchanged at the end of 1972 at 531,578 acres. The estimated mid-year population was divided as to 100,250 persons resident in the City of Cambridge, of whom over 10,000 are studying at the University, and 208,030 in the remainder of the county. The tables which appear on page 49 show that the estimated population of the City of Cambridge has increased by 650 and the remainder of the county by 3,060.

To The Chairman and Members of the County Council,

Ladies and Gentlemen,

This report will be the penultimate in a series which started in the County of Cambridgeshire in 1898 and in the Isle of Ely in 1912. The next report covering the year 1973 will, it is believed, see the end of these statutory reports which have been of such immense value in recording information about the health of the communities served by medical officers of health, one of whose responsibilities is the compilation of an annual report.

The reports have been unique in that they have permitted medical officers of health, without let or hindrance, to express their views on current health trends and on the services provided to meet the health needs of the communities. After April 1974 there is no clear indication where the responsibility for such free reporting will lie, to whom it will be made, and with what authority.

In the opening paragraph of last year's report, I referred to the impending reorganisation of the health services and on page 8 there is a brief report on how matters stood at the turn of the year.

Circular 1/73 from the Department of Health and Social Security requesting the submission of this report asks once again for special comment to be made on certain aspects of the health services. There is nothing to add to what has been said previously about the co-ordination and co-operation of the health department's services with the hospital and family doctor services including attachment or liaison schemes between the health department's domiciliary staff and family doctors. Such co-ordination and co-operation which is of a high degree has been outlined in previous reports and continues to grow and develop as can be seen by reading this report and its predecessors.

Similar comment may be made about the scheme for notification to medical officers of health of congenital defects apparent at birth.

With regard to the Council's action over contact tracing in the control of sexually transmitted diseases, the Council's scheme, in co-operation with the consultant venereologist, continues. Contact tracing in this field of work is arduous and not always rewarding, nor are the hours during which it can successfully be undertaken attractive to the staff.

In the field of health education one has but to refer to the Senior Health Education Officer's report on page 44 to see how advanced and complex the service has become in this area. Although the Department asks specifically about campaigns concerning smoking, venereal disease, and cervical cytology, it is our belief that these are merely matters within the greater sphere of teaching social responsibility and personal relationships.

With regard to smoking, I would suggest that there is now a large enough body of non-smokers to make it more feasible and sensible to foster their interests and to make use of their clamant demands for more space uncontaminated with tobacco smoke than to continue to batter at the fortress of smokers, so admirably supported by the advertising of those with vested interests. In the army of non-smokers there is a vast untapped source for the application of social pressure to combat the ravages of tobacco addiction.

There now follow two matters upon which the Department requires information, one of which can only be looked upon as a curious reflection of the uncertainties of public opinion and the other on the growing success of services for which there is public demand and acclamation.

The fluoridation scheme for public piped water supplies determined upon by the Cambridgeshire and Isle of Ely County Council, was dependent upon the co-operation of the neighbouring Huntingdon and Peterborough County Council, which at the outset of the discussions was wholly in favour of the scheme which in its first phase would have affected only a small portion of the population in Huntingdon and Peterborough.

However, in the event, the Huntingdon and Peterborough County Council reversed their decision and turned their backs upon this important public health measure and have thereby denied the people of Cambridgeshire the benefits of the adjustment of the fluoride levels of their water supplies. It is not without interest to note that in the early fifties when I was Medical Officer of Health of the Chesterton, Newmarket and South Cambridgeshire Rural District Councils, I was responsible for arranging with the Government's Chemist (this at the time was the only laboratory able to undertake the estimations) to have the various water supplies in the area of those authorities examined for its fluoride content, which was found in all cases to be virtually nil. This information was reported to the respective councils and their concern was reflected in their willingness to consider

means of adjusting those levels, but unfortunately no arrangements by Government had been made then for such measures. During the subsequent 17 years the matter has been bandied about and opinion has been swayed by what one Minister of Health described as "the lunatic fringe".

No public health measure has ever been subjected to the intensive investigation as has been the adjustment of fluoride levels, nor has the scientific and statistical evidence of a public health measure ever been so tested by courts of law which have entirely vindicated the measure. It is indeed tragic that so little progress has been made nationally with this important public health measure, which has received the support of successive Governments, none of whom, regrettably, has had the courage to see that the measure was implemented for the benefit of the people of the United Kingdom.

Turning to a happier subject, it will be seen on page 37 that the services available for giving advice on family planning are developing apace. The Council has been more than generous in making funds available for a service to be run and to expand on the principle that all examinations and consultations are free in all cases, and contraceptive supplies are free to all medical cases, a phrase permissive of wide interpretation.

Dr. Dorothy Davy, the Council's Advisor in Family Planning, and her colleagues are to be congratulated upon their efforts and enthusiasm in providing so comprehensive a service as is available in the Administrative County of Cambridgeshire and the Isle of Ely.

Comment upon other matters not specifically requested by the Department, leads me directly to the problem of providing an adequate health visiting service. As will be seen from the report of the Director of Nursing Services on page 27 we are some 45% down on the number of health visitors we should have to provide health visiting on the basis of the advice tendered by the Department of Health & Social Security in their Circular 13/72.

This is indeed a serious matter at a time when the value of the health visitor in the primary care team is becoming to be more and more recognised by family doctors. We are for once in the unhappy position of being totally unable to meet a demand, either in providing a service for family doctors or for the community needing health visiting services. Why this should be we have taken considerable trouble to examine, and have sought the advice of the Department of Health & Social Security: we have found that there is no answer to our problem. The Council is offering all the terms and conditions of service, plus some of the Council's own devising, that any other authority offers. There is one possible factor which may be having an adverse effect upon recruitment in the rural area. Health visitors today are qualifying for their duties at a much earlier age, and it may be that they do not have the feeling of security and maturity necessary to operate in isolation in scattered rural areas, needing much more the urban type of service where a number operate from a centre under more senior leadership where there can be much more support for the individual uncertain about what to do next.

Providing an adequate chiropody service is becoming increasingly difficult. Demands rise but the supply of chiropodists is insufficient and the attractions of working in the local authority services do not compare with the rewards of private practice.

There is a need for a review of training facilities to ensure an adequate supply of trained staff and a review of the financial rewards for whole time employment in the National Health Service.

The Council over the years have developed a very high standard of community services, and they can, with confidence, feel that they are passing on to their successors services for which they can be justly proud. The new authorities, both health and local government, will need to see that reorganisation produces no diminution of service, nor slowing down of the momentum of progress. The local authority health services pass next year into new authorities; they will be in competition with other interests and with other areas. Let our successors see to it that the pace of progress is not governed by a philosophy aimed at equating standards of provision to the least developed areas, be they service or geographical, but that areas of excellence be allowed to flourish and progress, thereby setting standards of attainment to be coveted and cherished.

The support and interests of Members of the Council and in particular the Chairman of the Health Committee and his colleagues continues to be an inspiration to staff and is very much appreciated, particularly at this difficult time of change.

I am,

Your obedient servant.

P.A. Tyser
County Medical Officer of Health

July, 1973

REORGANISATION

Since joining the Public Health Service in 1947, there seems to me never to have been a period of complete stability. The year 1947 was overshadowed by the changes to be brought about by the National Health Service Act 1946 which came into operation on July 5th 1948, the day, 25 years later, when I am considering the content of this particular part of my annual report for 1972. It would be no exaggeration to say that even now the full benefits of the 1946 Act have by no means been exploited or implemented, so we enter the 1974 integrated service with considerable "unfinished business" behind us.

Then there were the uncertainties of the future of local government, but the then Boundary Commission was dissolved before any concrete proposals had been formulated. Many authorities were at that time seeking County Borough status.

From the beginning of the fifties onwards there was talk and some reporting upon the desirability of a unified health service, and there was also demand for reconsideration of local government boundaries culminating in the Local Government Act 1958 which enabled urban areas of a certain size to claim some delegated powers with regard to the day to day management of health and welfare services and such a scheme was prepared and put into operation for the City of Cambridge. A new Boundary Commission was set up. These political moves led to much time being spent on the production of schemes of delegation on the one hand, and reports and information on the other for the presentation of cases concerning the alteration of existing local government boundaries. A Royal Commission dealt with the problem of local government in the Greater London area. In 1965 the redefinition of some local government boundaries took place, affecting us locally with an amalgamation of the Cambridgeshire and Isle of Ely County Councils.

Barely had the dust settled from these upheavals but the wind of further change began to blow. Reports came thick and fast about the reorganization yet again of local government, the unification of the health services and the amalgamation of all social services activities within one new local government department.

Employment in local government service used to be looked upon as a relatively safe, pensionable occupation in comparison with the cut and thrust of life in competitive industry. On reflection, having very briefly outlined the history of change and uncertainty, I am inclined to the view that it is a remarkable achievement of staff that they have developed over the last 25 years so admirably and conscientiously the complex services comprising our Welfare State, despite the very real uncertainties of their jobs and their careers.

It may not be realised just how much disquiet reorganisation creates amongst staff, nor the length of its duration. From my experience and observation it would seem that on each occasion staff are adversely affected in their work for a period of some five years. Before the event it is anxiety over the future coupled with the strain of the additional work that has to be undertaken — a type of vicious circle that cannot be broken; after the event there is above all the question of territorial demarcation, reorientation and in many cases preoccupation with endeavouring to re-establish any lost ground be it real or apparent. It is now no consolation to staff to know that the National Health Service Reorganisation Act, 1973, succeeded by a mere 11 votes in Parliament and that the Leader of the Opposition has stated that when his party comes to power they will reorganise it all again.

This last quarter of a century in which there has been no major war to bring about changes must be recorded eventually in history as one of the most fluid situations in the management and administration of public services.

We now come to the impending changes. In fact reorganisation should really be spoken of in the plural, since both local government and the health services are involved and the initial impetus was given to the whole complex movement by the implementation of the Social Services Act 1970, which came into force on April 1st 1971.

Since then momentum has gathered both with the reorganisation of local government and that of the health services. In the case of the health services it is not without interest that the Scottish Bill was prepared without the aid of business management consultants: the Northern Ireland Bill with management consultants different from those being employed for reorganisation in England and Wales: in Northern Ireland the Social Services are contained within the reorganised health services; in Wales and in Scotland there are no regional authorities, these exist only in England. There has also been a business consultant based reorganisation in the Department of Health & Social Security itself.

The main principles and constraints governing the reorganisation of the health

services are, however, the same in each case, namely that the unified health service will be administered outside local government; that there will be maximum delegation downwards with accountability upwards; that in the administration of the new service the accent will be upon good management at all levels.

Early in 1972 a small group of senior officers in the health services, including the County Medical Officer, began meeting to explore the problems that reorganisation would bring about, since there was a mutual feeling amongst these officers, used to working together, that time was passing without any work being done toward achieving the aims of reorganisation.

For the record, a shadow Joint Liaison Committee was formed and met on two occasions and set up working parties to begin work in advance of the setting up of the official Area Joint Liaison Committee in September 1972; the constitution of this official committee was not all that different from the shadow Committee, except that in the official Committee the Social Services departments were excluded, as were the County Planning Officers. Again, for the record, the shadow Joint Liaison Committee was most admirably and tactfully chaired by Mr. Brian Mellor, the County Planning Officer of the Cambridgeshire and Isle of Ely County Council.

In the reorganised health service the East Anglian Region will consist of a Regional Health Authority under which there will be three Area Health Authorities, Cambridgeshire, Norfolk and Suffolk, these Area Health Authorities being coterminous with their namesake new local government counties. There will be members at both Regional and Area levels, and there will be a Regional and Area team of officers. Within each Area Authority there will be a number of Health Districts determined by the number of district general hospitals within the areas. In Cambridgeshire, for example, there is likely to be a Health District defined round the catchment area of Addenbrookes Hospital, and a similar one round the catchment area of Peterborough Hospital. The operational unit for the management of comprehensive health services in the district will be vested in a District Management Team consisting of four officers - community physician, nursing officer, administrative and finance officers, and two doctors (a consultant and a general practitioner) elected by the medical advisory groups. There are no members at District Management Team level.

In order to gather information and prepare options for discussion by the new health authorities there has been set up in each area at officer level an Area Joint Liaison Committee consisting of representatives from the General Practitioner, Local Authority and Hospital Authorities in the area, together with advisory officers from the Department of Health and Social Security and the Regional Hospital Board. From the three Area Joint Liaison Committees there has been formed a Regional Joint Liaison Committee consisting of members drawn from the three Area Joint Liaison Committees and supplemented by officers of the Regional Hospital Board. There has now also been formed at the level of the Department of Health & Social Security, regular meetings of a body consisting of officers of the Department, together with the Chairmen and Secretaries of the Regional Joint Liaison Committees, thus there is now a clear chain for the passage of information up and down from Area to Department and back again.

The health services today have four major commitments on their hands, the care of the elderly, of the mentally ill, of the mentally handicapped, and maternal and child health including the health of the school child. The majority of illness occurring in the first three groups is of a long term nature and these groups are all demanding upon the health services. There has been since 1948 emphasis on the development of the hospital service, and it was not until Enoch Powell's tenure of office as Minister of Health, that there was a policy pronouncement beginning to start the shift of emphasis from care in hospital to care in the community.

With the growing complexity of medical care it is inevitable that the most sophisticated techniques of diagnosis and treatment must occur in centres where the investment in resources can be maximised. It follows that only those requiring such services should have to be admitted to such hospitals, but in the three groups to which I have referred there is not always the need for these complex services on a long term basis. Furthermore it is becoming increasingly difficult for families and friends to keep in contact with their relatives since the availability of public transport services seems to be ever diminishing. Patients and their relatives become cut off and cannot meet the physical and financial burden of constant visiting.

It is becoming clear, therefore, that there must be some provision on a more local basis to cater for the needs of those suffering from long term illness and disability. There has been talk of the creation of community hospitals, and there cannot but be some irony in this suggestion when not so long ago we saw a policy for the closure of the old cottage hospitals being implemented with a fervour comparable with that of the Dissolution of the Monasteries.

The growth of the popularity of health centres, both with the profession and the public, enables one to see a pattern for the future of health provision, where extensive primary care can be given from health centres to the community, where between the health centre and the district general hospital there are community hospitals within reasonable distance of patients' homes, and where there is an adequate standard of care and treatment for those who do not require the high sophistication of care and treatment to be found in district general hospitals. Indeed, so sophisticated is this care and treatment for some illnesses that it can probably only be provided on a regional basis, and in some cases possibly nationally.

We move then into the reorganised service with the accent on care in the community rather than in the hospital. The pattern of illness today dictates that this is the correct policy but it must be developed in relation to other elements of social change, not least being the ability of the users of the service to get to it. Glib statements that everyone has a car, neglect totally the fact that in the most service-demanding groups personal transport is simply not available.

It is right and proper that people should be able to live out their lives in their own accommodation and that administrative expediency in collecting them together in various forms of communal care should be shunned. Care at home, the enhancement of the quality of life (not necessarily the quantity) and the provision of adequate communications for the caring services should be some of the aims of reorganisation.

The following information has been supplied by district medical officers relating to work undertaken in their areas with regard to water supplies and sewerage treatment.

WATER SUPPLIES

Ely Urban District Council, Ely and Newmarket Rural District Councils

These districts continue to enjoy a satisfactory water supply.

It is noted that the line of the proposed Newmarket by-pass is such that the Chippenham source will be abandoned and water for the Swaffham Prior supply zone will eventually come from Moulton and will be considerably harder.

March Urban District Council

The Wisbech and District Water Board have maintained their adequate supervision of the water supply for the district during 1972. Results of frequent sampling and tests have been satisfactory. The fluoride content of a sample of water (mixture of water from sources at Marham and Beechamwell) taken on 29th December, 1972, at the Water Board Offices at Wisbech was Nil. The following figures show the extensions of mains carried out in the district during the year:

496.5 metres	16" mains at Elm Road, March
327 "	9" at Cavalry Barn Housing Estate
542 "	4" at Smiths Drive, Rosedene Drive, Cotswold Close and Cavalry Barn
402.5 "	3" at Smiths Drive, Cotswold Close and Cavalry Barn.

New connections to individual houses numbered 78.

Whittlesey Urban District Council

The following mains were laid in the Urban District during the year:

368 metres	102mm at Eastrea, Mayfield Estate
119 "	76mm at Whittlesey, Horsey Lane Gas Station
64 "	50mm at Eastrea, Mayfield Estate

SEWERAGE SCHEMES

Chesterton Rural District Council

The following indicates the progress made during 1972:

<u>Schemes completed during 1972</u>	£623,000
(1) South Western Area Scheme	Barton Grantchester Comberton Toft
(2) Newton Scheme	
(3) Eastern Area Scheme	Stow-cum-Quy Little Wilbraham Great Wilbraham
(4) Western Area Phase III	Boxworth Lolworth Conington
(5) Swavesey — extension Over Road	

Schemes in progress during the year

Western Area Phase I

Bourn
Caxton
Caldecote
Hardwick

Histon

Additional pumping capacity and flow
recorder

Tenders received during year

£55,000 total

Six-Mile-Bottom

Schemes in preparation during the year

£1,415,000 total

Western Area Phase II

Croxton
Elsworth
Eltisley
Graveley
Papworth Everard (works)

Madingley

Great Shelford - Hinton Way

Cottenham - Sewage Disposal Works
extension

Lolworth - Uttons Drove Sewage
Disposal Works (Filler
press etc.)

Ely Urban District Council

Replacement of the unsatisfactory sewerage in Kingdon Avenue, Prickwillow, was completed in 1972. The design of the Stuntney main drainage scheme has been completed and work will be beginning in 1973.

Ely Rural District Council

Refuse Collection and Disposal

A work study designed refuse collection programme was introduced in February. This involved the introduction of plastic sacks, the withdrawal of one vehicle, a reduction in staff and the appropriate circularisation of nearly six thousand households. In the event everything went smoothly.

Sewage Disposal

The extension of the Sutton/Witcham works was completed. The scheme for Wentworth is still in hand.

Further extensions are planned. In several areas capacities considered to be adequate until the early 1980's are already fully committed owing to intensive estate development.

March Urban District Council

During 1972 the following (Foul and Surface Water) sewers were laid in the district, for private housing estates at Cavalry Barn, Cotswold Close, Rosedene Drive and for a council housing estate at Smiths Drive/Collingwood Avenue.

Foul Sewers	802 metres of 9"
	855 " " 6"
Surface Water Sewers	477 " " 12"
	297 " " 9"
	684 " " 6"

It is pleasing to be able to record that substantial progress has been made with

regard to the District's comprehensive sewerage scheme, previously mentioned in earlier reports. Phase I (namely electricity supply and effluent re-circulation at the main outfall works) has been approved and work actually commenced.

Continued negotiations with the Department of the Environment have now resulted in final approval being given to the complete scheme and there would appear to be no reason why the implementation of the whole scheme should not progress without any further delay.

Newmarket Rural District Council

Sewerage

The Wicken and Upware sewerage scheme commenced in August.

Extensions to the Soham sewage treatment plant was nearing completion at the end of the year and this will increase the capacity to serve a larger population.

The Ashley, Cheveley and Woodditton scheme is expected to commence early in 1973 followed by the Kennett and Kentford sewerage scheme.

Design work is proceeding on extensions to the Burwell sewage works and the Brinkley, Burrough Green and Westley Waterless sewerage scheme.

Refuse Collection and Disposal

A considerable increase in the bulk content of household refuse was noted during the year and test weighings revealed an increase of about two tons per day over comparable weighings made during the summer of 1971. All refuse continues to be pulverized at the plant operated by the Rural and Urban Districts of Newmarket.

Under the provisions of the Civic Amenities Act, 1967, the Council has provided a large steel container which is stationed in the villages for the reception of bulky domestic waste. This is cleared twice weekly and the praiseworthy project is extremely popular with householders.

South Cambridgeshire Rural District Council

During the year the sewerage of the parishes of Hildersham, Great Abington and Little Abington were completed together with the extension to the Linton Sewage Works.

Parishes currently being sewerage are, Little Eversden and Great Eversden, with completion expected early 1973. Horseheath, West Wickham and New Wimpole, expected completion Summer 1973. Shudy Camps and Castle Camps, expected completion 1974. Kingston sewerage is being linked up with Chesterton Rural District sewerage scheme for Bourn which should be completed in 1973.

Tenders for sewerage the parishes of Fowlmere, Thriplow and Whaddon will be invited early in 1973.

Extensions to Gamlingay Sewage Works are in hand with further stages to follow by 1975 which, together with a sewerage extension will cater for a population as envisaged by 1981.

Tenders for extensions to Sawston Sewage Works and Sludge Press will be obtained shortly. This work together with additional sewers is to be completed by 1975.

The Sewage Works in Litlington Parish are to be extended mainly to deal with an increased flow from an adjacent abattoir. Completion is anticipated in early 1975.

Further schemes being prepared are for the parishes of Great Chishill, Little Chishill and Heydon which will be drained to proposed treatment works within Saffron Walden Rural District and completion is anticipated by 1976. The sewerage of West Wratting and Weston Colville together with extensions to Balsham Sewage Works also have an anticipated completion date in 1976.

Further parishes to which priority has been given include Little Gransden, Carlton and Abington Pigotts.

Whittlesey Urban District Council

The sewage contract is still progressing satisfactorily on the extension to the

sewage works and gravity and rising mains.

Wisbech Municipal Borough Council

During the year 1972 no new sewerage schemes were embarked on within the area of the authority and no new water mains were laid. Some new sewers were constructed and details of these are listed below. In addition 89 new connections were made to the water main.

Stow Road - foul sewers - 247 metres of 225mm diameter
295 " of 100mm diameter rising main

Holmes Drive - foul sewer - 187 metres of 225mm diameter

Hawkins Drive - foul sewer - 101 metres of 225mm diameter

NATIONAL HEALTH SERVICE ACT, 1946

- Section 21 Health Centres
- 22 Care of Mothers and Young Children
- 23 Midwives Service
- 24 Health Visiting
- 25 Home Nursing
- 26 Vaccination and Immunisation
- 27 Ambulance Service
- 28 Prevention of Illness, Care and After-Care

SECTION 21 - HEALTH CENTRES

The building work on the two centres at Fulbourn and Bar Hill was well advanced towards the end of the year and it seemed likely that these would open during the late Spring of 1973. Much work went into planning of the layout of these centres and full advantage was taken of the experience gained at the older centres, in order that the inter-relationship of the varying rooms could be used to the maximum functional efficiency.

Every opportunity is taken to increase and improve the services available at the health centres and during the year clinics for the introduction of I.U.Ds. were established as part of the Family Planning Service available at two health centres. Another area of increasing demand is that of the child health clinics, where general practitioners or medical officers specially trained in developmental paediatrics hold their clinical sessions and it is encouraging to know that young mothers are beginning to demand that their children should be regularly examined at health centres.

The demand for places at a one-day training course for health centre staffs was such that it is clear there is an awareness of the need for training in all aspects of health centre work and this is a field in which there is bound to be a need for expansion.

The need to provide maximum accommodation when planning new health centres has been proved by the receipt of a request from the general practitioners at a health centre opened in 1969 for additional consulting suites and supporting accommodation.

When the centres at Bar Hill and Fulbourn are opened the total population served by the eight health centres in the county will number 70,000 and 40 general practitioners will then be working from these centres.

There is some evidence that the establishment of a health centre produces increased public awareness of the community health services that are available.

The Department of Health and Social Security acknowledged in circular letter LHAL 30/72 that local authorities had acquired considerable knowledge in the design of health centres of the small and medium-sized type and in the light of this certain relaxations were authorised, for instance in the submission of sketch plans. This is intended to increase the rate at which health centres can be provided. The Department however, still invites authorities to submit sketch plans for large health centres expected to cost more than £100,000 or for those with ten or more consulting suites, since there is not a wide field of experience in the design of the larger centres. It is perhaps pertinent to comment at this time on the growing difficulty of keeping within the Department's authorised cost limits and although these were somewhat increased by LHAL 30/72 it is evident that considerable problems still exist in securing adequate competitive tendering within these cost limits.

The six-monthly meetings of the centres' Management Committees were held, attended by the general practitioners and representatives of the National Health Service Executive Council and of the County Medical Officer. These proved to be valuable in maintaining the important liaison between the different parts of the health service. The value of the informal type of meeting in the centres cannot be overstated and, to date, these have been mainly between the professional and senior administrative staffs but, at one centre it is intended to hold a full meeting of centre staff, including the reception and secretarial staff of the practices.

Preliminary work has started on the planning of centres at Linton and Gt. Shelford, but it seems likely that difficulties over the acquisition of suitable sites may delay these developments.

SECTION 22 – CARE OF MOTHERS AND YOUNG CHILDREN

Developmental Paediatrics

For the fourth year in succession a day release course in developmental paediatrics has been organised by the Post Graduate Medical School, Cambridge, in conjunction with the County Health Department. Dr. Eileen Brereton was again course tutor, and was responsible for much of the work relating to the organisation of the course. The course was held on ten Wednesdays between 12th April and 21st June 1972, and was attended by twenty-seven doctors. Arrangements are in hand for a further course to be held in 1973.

Combined Ante-Natal and Post-Natal clinics

- Ely Clinic held twice monthly by two practices of general practitioners, and once weekly by a third practice. Hospital Service midwives hold weekly midwives' clinics.
- March Clinics held by general practitioners at the March Maternity Home. Weekly consultant's clinic held for both domiciliary and Maternity Home cases. No domiciliary midwife available to attend.
- Littleport Weekly general practitioner clinic attended by hospital service midwives.

Ante-Natal Clinics

- Whittlesey Weekly clinics held, on separate days, by two firms of general practitioners assisted by midwives.
- Wisbech Weekly clinic attended by midwives only.

In addition midwives also attended ante-natal clinics held by general practitioners in their surgeries.

A further increase in the proportion of confinements taking place in hospital was noted. 93% of confinements of county area residents were in hospital, as against 91% in 1971 and 88% in 1970. In the southern part of the county (the old Cambridgeshire area) the proportion of hospital confinements was 87.9%, while in the north it was 98.9%.

Mothercraft and relaxation classes in the county area were attended by 843 women, 42 more than in 1971. Of these 718 were booked for institutional delivery and 125 for home confinements. They made a total of 4,075 attendances.

At the end of 1972 there were 50 child health clinics, 4 less than the previous year. As a result of the falling off in demand the clinics at Little Downham, Prickwillow and Wisbech St. Mary were closed early in 1972, and Black Horse Drove at the end of December. Six clinics were held at health centres, one in other purpose built premises, one in adapted premises, and the remainder in premises occupied on a sessional basis. Of these latter, ten were held on school premises, and I am grateful for the co-operation of the Chief Education Officer and the Heads of the schools concerned. I am also grateful to the clinic voluntary workers for the valuable help they have given during the year.

The following tables give the location of clinics in the Administrative County and furnish some details of the work done.

City of Cambridge Ante-Natal, Mothercraft and Relaxation Classes

1. Number of women who attended during the year	(a)	Institutional booked	204
	(b)	Domiciliary booked	96
	(c)	Total	300
2. Total number of attendances during the year			906

City of Cambridge child health clinics

Clinic		Day and Time held	
Auckland Road	C.H.C.	Tuesday	p.m.
Auckland Road	Toddler	Friday (once monthly) (by appointment)	p.m.
Castle Street	C.H.C.	Tuesday	a.m.
Castle Street	C.H.C.	Tuesday	p.m.
Cherry Hinton	C.H.C.	Monday	p.m.
Cherry Hinton	C.H.C.	Thursday	p.m.
Cherry Hinton	Toddler	Friday (once monthly) (by appointment)	a.m.
Chesterton	C.H.C.	Tuesday	a.m.
Chesterton	C.H.C.	Tuesday	p.m.
East Barnwell	Toddler	(once monthly) (by appointment)	
East Barnwell	C.H.C.	Thursday	p.m.
Kingsway	Toddler	Tuesday (once monthly) (by appointment)	p.m.
Kingsway	C.H.C.	Monday	p.m.
Kingsway	C.H.C.	Tuesday	a.m.
Newnham	C.H.C.	Wednesday (once monthly)	p.m.
Coronation Street	C.H.C.	Wednesday	a.m.
Romsey	Toddler	Monday (once monthly) (by appointment)	p.m.
Romsey	C.H.C.	Wednesday	p.m.
Romsey	C.H.C.	Thursday	a.m.
Trumpington	C.H.C.	Monday (twice monthly)	p.m.

City of Cambridge child health clinic attendances

Number of children who attended during the year				Number of sessions held by				Total number of sessions in columns (5)-(8)
Born in 1972	Born in 1971	Born in 1967 to 1970	Total	Medical Officers	Health Visitors	G.P.'s employed on a sessional basis	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1025	937	888	2850	421	286	-	-	707

County area ante-natal mothercraft and relaxation classes

1. Number of women who attended during the year	(a) Institutional booked	718
	(b) Domiciliary booked	125
	(c) Total	843
2. Total number of attendances during the year		4075

County area child health clinics

Week	Monday	Tuesday	Wednesday	Thursday	Friday
1st	Gt. Shelford	Bottisham Comberton Harston Littleport March Milton Soham Whittlesey	Bassingbourn Cheveley Fulbourn Parson Drove Wisbech	Bar Hill Dullingham Ely Gamlingay March Newton, nr. Wisbech Sawston Swavesey	Chatteris Isleham Melbourn
2nd	Gt. Shelford	Barrington Burwell Fowlmere Haddenham Leverington Littleport Manea March Soham Whittlesey	Cottenham Duxford Fulbourn Histon Wisbech	Ely Haslingfield Toddler's' (Quarterly) March Sawston Steeple Morden Waterbeach Willingham	Chatteris
3rd	Gt. Shelford	Bottisham Comberton Doddington Haslingfield Littleport March Milton Soham Whittlesey	Bassingbourn Fulbourn Willingham Wisbech	Balsham Bar Hill Coates Ely Gamlingay March Over Sawston	Chatteris Fordham Linton March Melbourn
4th	Christchurch Gt. Shelford	Burwell Haddenham Littleport March Soham Sutton Whittlesey	Bourn (always last week) Cottenham (H.V.only) Duxford (H.V.only) Elm and Fri- daybridge Histon Wisbech	Elsworth Ely Gt.Abington (always last week) March Sawston Steeple Morden	Chatteris
5th	Gt. Shelford	Littleport March Soham Whittlesey	Wisbech	Ely March Sawston	Chatteris
			Girton*		

*Alternate Wednesdays

County area child health clinic attendances

Centres	Number of children who attended			Total number of attendances	Number of sessions held during year
	Born in 1972	Born in 1971	Born in 1967-70		
Balsham	32	45	74	457	11
Bar Hill	30	33	48	432	14
Barrington	20	20	21	308	12
Bassingbourn	46	29	49	765	21
Black Horse Drove	1	20	34	63	10
Bottisham	83	48	70	825	24
Bourn	24	25	23	247	12
Burwell	54	90	92	1,447	23
Chatteris	32	88	103	2,188	52
Cheveley	14	16	36	206	12
Christchurch	10	11	9	300	12
Coates	14	10	25	481	10
Comberton	80	78	127	1,628	24
Cottenham	38	56	27	691	21
Doddington	21	20	8	163	12
Dullingham	18	15	38	295	12
Duxford	49	58	97	825	26
Elm	16	8	6	286	12
Ely	138	112	56	3,454	52
Fordham	29	21	26	408	12
Fowlmere	55	28	16	233	11
Fulbourn	72	47	49	869	35
Gamlingay	116	44	50	862	23
Girton	53	57	50	1,122	26
Gt. Abington	5	7	7	104	11
Gt. Shelford	68	73	81	1,993	48
Gt. Wilbraham	6	4	10	144	11
Haddenham	13	12	35	809	23
Harston	17	20	9	253	12
Haslingfield	13	11	20	337	15
Histon	53	35	41	999	23
Isleham	13	15	20	259	12
Leverington	12	9	18	226	12
Linton	37	63	35	627	12
Lt. Downham	1	5	-	8	3
Littleport	57	21	1	1,044	50
Manea	12	22	16	271	20
March	186	215	94	5,712	150
Melbourn	81	49	66	1,065	20
Milton	24	24	12	674	23
Newton, nr. Wisbech	3	18	23	167	12
Over	35	30	56	472	12
Parson Drove	24	10	18	219	12
Prickwillow	-	8	5	40	3
Sawston	163	80	94	6,014	100
Soham	86	74	125	2,018	51
Steeple Morden	24	25	32	441	22
Sutton	35	47	56	399	12
Swavesey	43	34	75	693	21
Waterbeach	34	56	18	520	12
Whittlesey	158	195	129	5,164	52
Willingham	30	50	54	632	22
Wisbech	275	238	113	7,509	104
Wisbech St. Mary	-	1	4	5	1

Premature Infants

The following tables give particulars of premature live and still births in the Administrative County.

The total number of premature live births, 206, represents a rate of 46.7 per 1,000 live births as against a rate of 48.8 per 1,000 for 1971.

Premature Infants - City of Cambridge

Weight at Birth	Premature live births													Premature Stillbirths	
	Born in Hospital				Born at home or in a Nursing Home										
					Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day						
Total Births (1)	Within 24 hours of birth (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total Births (5)	Within 24 hours of birth (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total Births (9)	Within 24 hours of birth (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)	At home or in a Nursing Home (14)		
1. 2 lb 3 oz or less													1		
2. Over 2 lb 3 oz up to and including 3 lb 4oz	3		1										4		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	8								1				2		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	21								2						
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	25				2								2		
6. Total	57		1		2				3				9		

Premature Infants - County Area

Weight at Birth	Premature live births														Premature Stillbirths
	Born in Hospital						Born at Home or in a Nursing Home								
	Nursed entirely at home or in a Nursing Home						Transferred to Hospital on or before 28th day								
	Died			Died			Died			Died					
	Total (1)	Within 24 hours (2)	In 1 and under 7 days (3)	In 7 and under 28 days (4)	Total (5)	Within 24 hours (6)	In 1 and under 7 days (7)	In 7 and under 28 days (8)	Total Births (9)	Within 24 hours (10)	In 1 and under 7 days (11)	In 7 and under 28 days (12)	In Hospital (13)	At home or in a Nursing Home (14)	
1. 2 lb 3 oz or less	1	3											4		
2. Over 2 lb 3 oz up to and including 3 lb 4 oz	5	5	1										8		
3. Over 3 lb 4 oz up to and including 4 lb 6 oz	18	1	1										8		
4. Over 4 lb 6 oz up to and including 4 lb 15 oz	41	2	1										4		
5. Over 4 lb 15 oz up to and including 5 lb 8 oz	76	1			3								2		
6. Total	141	12	3		3								26		

Dental Treatment of Expectant and Nursing Mothers and Young Children

The dental services for young children and expectant and nursing mothers are provided by the School Dental Service.

Details of attendance and treatment for these priority groups in the Administrative County are given below.

Part A. Attendances and Treatment

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year:		
First Visit	432	182
Subsequent Visits	472	427
Total Visits	904	609
Number of additional Courses of Treatment other than the First Course commenced during year	16	11
Treatment provided during the year		
Number of Fillings	511	529
Teeth Filled	464	451
Teeth Extracted	405	213
General Anaesthetics Given	160	48
Emergency Visits by Patients	94	56
Patients X-rayed	9	35
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	174	229
Teeth Otherwise Conserved	63	-
Teeth Root Filled	-	3
Inlays	-	-
Crowns	-	3
Number of Courses of Treatment Completed during the Year	351	163

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	5
Patients Supplied with Other Dentures	19
Number of Dentures Supplied	24

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	5
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Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given first Inspection During Year	A. 630	D. 190
Number of Patients in A and D above who required Treatment	B. 364	E. 176
Number of Patients in B and E above who were offered Treatment	C. 336	F. 173

Part E. Sessions

Number of Dental Officer Sessions (ie. equivalent complete half days) Devoted to Maternity and Child Welfare Patients

320

Distribution of Welfare Foods

The arrangements for the distribution of Welfare Foods remained unchanged. They were available from child health centres and from other distribution points such as shops and private houses. The valuable work of the many volunteers who assist with this service is greatly appreciated.

During 1971 certain changes had been made in the foods available. The following table shows the foods issued in 1972.

	Welfare foods	
	Total Issued	
	1972	1971
National Dried Milk (Cartons)	10,031	9,621
Vitamin A, D & C Tablets (packets)	1,415	-
Children's Vitamin A, D & C Drops (bottles)	12,939	4,725
Cod Liver Oil (discontinued 1971)	138	1,917
Orange Juice (discontinued 1971)	24,061	87,074

Congenital Abnormalities

There was no change during 1972 in the scheme for the notification of congenital abnormalities observable at birth, malformations being reported to the health department on the notification of birth form.

Information on 77 notified cases was submitted to the General Register Office. The malformations can be summarised as follows:

Central nervous system	27
Eye and ear	2
Alimentary system	11
Heart and circulatory system	1
Respiratory system	1
Urino-genital system	13
Limbs	26
Other parts of musculo-skeletal system	1
Other systems	9
Other malformations	8

In some cases more than one malformation was observed.

Observation Register

The combined birth register and observation register, which was started in 1969, was continued in 1972. The aim of the register is to simplify the supervision of pre-school children who need to be kept under observation on account of an actual or potential handi-capping condition.

In appropriate cases, close contact is maintained with general practitioners and hospital consultants, including those consultants dealing in mental handicaps.

Services for Children with Impaired Hearing

Mr. J.L. Holmes, Senior Teacher of Children with Impaired Hearing, has submitted the following report.

1. Referrals

The details of referrals received from January to December 1972 are as follows:

(figures for 1971-72 in parenthesis)

	Pre-School		School Age		TOTAL	
Total referred	116	(55)	160	(187)	276	(242)
Not deaf	87	(42)	102	(91)	189	(133)
Follow-up cases	29	(11)	58	(91)	87	(102)
To E.N.T. Departments	8	(2)	18	(47)	26	(49)
To Assessment Clinic	9	(7)	5	(4)	14	(11)
Issued with Hearing Aids	4	(4)	6	(13)	10	(17)
To Teacher of Mentally Handicapped Children	3	(4)	-	(-)	3	(4)
To Speech Therapy	7	(-)	3	(-)	10	(-)

2. Home Visits

Frequent or occasional visits were made to homes throughout the county in order for the teachers to provide parent guidance in auditory training, the development of speech and language and general management of the deaf child. Auditory equipment included up to 20 Speech Training Units and there was a wide range of educational material available to parents on loan.

3. School Visits

Regular visits were made to children in both ordinary and special schools for auditory training, and development of good speech and language and some remedial work in basic subjects where progress was significantly retarded by deafness. There was also discussion with Heads and teachers to enable a close check to be kept on progress.

4. Supervision of Hearing Aid Equipment

Hearing Aids, Speech Training Units and Radio Microphones were available to children at home and at school as required. The supervision of this equipment was carried out by the Teachers and the Senior Audiology Teacher. The Teachers liaised with the Ear Nose and Throat Consultants, the Hospital Hearing Aid Clinic and Hearing Aid manufacturers in order that the best and most suitable equipment be made available.

5. The Cherry Hinton Audiology Clinic

This is a hearing and educational assessment clinic held twice a month supervised by Mr. G.E. Mann, F.R.C.S., and staffed by the Teachers, where medical and educational treatment is co-ordinated, new cases assessed where necessary, and regular reports established on all hearing impaired children in county and city. Twelve clinics were held, one of them at the Health Centre in March.

6. March Partially Hearing Unit

This primary Partially Hearing Unit now provides a weekly afternoon session for pre-school children who are hearing-impaired or who have other linguistic handicaps.

7. March Secondary Partially Hearing Unit

Plans were put into effect for the establishment of a Secondary Partially Hearing Unit at March Comprehensive School. The Unit will open in September 1973.

8. Littleton House Partially Hearing Unit

This will open at Easter 1973 with four pupils.

9. Liaison

Besides the aspects of liaison already mentioned, the Teachers co-operated closely with Careers Advisory Officers, the Heads of Residential Schools, Employers, the City's Partially Hearing Units, and the parents of children attending residential schools.

Service for the detection of children suffering from Phenylketonuria

The regional scheme for the collection of blood samples for examination by the Guthrie test continued during the year. Blood samples are collected either at the maternity hospitals or by the domiciliary midwives and health visitors, and are submitted for testing at the laboratory provided at the Ida Darwin Hospital. Steps were taken during the year to ensure that all children, when they are aged three months, have either had the Guthrie test carried out or, if we have no positive information about this, the test is offered. In this way we are hoping to achieve 100% coverage for this important test. No positive results have so far been notified for this authority.

Child Psychiatric Service

The arrangements for the referral of cases to the Child Psychiatric Service remained unchanged. Certain staff changes took place during the year. Dr. V. Pillai joined the team at Cambridge in May and the Senior Psychiatric Registrar, Dr. Petrie left in October and was replaced by Dr. S. Thavasoathy. Clinics were held at 2 Brookside and 2 Benet Place, Cambridge and at Addenbrooke's Hospital by Dr. A. Gage, Dr. T.K. Maclachlan, Dr. V. Pillai, Dr. G.M. Petrie, Dr. M.I. Platt and Dr. S. Thavasoathy. In the Peterborough area Dr. B.F.W. Whitehead, Consultant Child Psychiatrist was joined by Dr. E.B. Peterson and both were based at Peterborough Memorial Hospital. They see children referred to them from the northern part of the county, and arrangements were made for Dr. Peterson to hold clinics at North Cambs. Hospital, Wisbech and at the March Health Centre as from April 1973.

Weekly liaison meetings in the Cambridge area continued to be held on a Friday morning and were attended by medical officers from both County and City Health Departments, as well as an educational psychologist. Dr. Macartney, Senior Medical Officer in the County Health Department, continued the practice of holding regular consultations with Dr. Whitehead at Peterborough. These meetings are considered invaluable in establishing the closest relationship between the various people in the many disciplines working with the children and their families.

The general practitioners have, as in the past, been kept fully informed of all matters relating to their patients.

The reports of the consultant child psychiatrists, together with detailed statistics, appear in the report of the Principal School Medical Officer.

HAWTHORNS HOSTEL FOR MALADJUSTED CHILDREN

Mr. C. Bennett, the Warden at Hawthorns Hostel, has submitted the following report for the year 1st April 1972 - 31st March 1973.

"	Children in Residence (1.4.72)	.....	13	(9 boys	4 girls)
	Children admitted	.....	23	(17 "	6 ")
	Children discharged	.....	20	(15 "	5 ")
	Children in Residence (31.3.73)	.....	16	(11 "	5 ")

Details of the children discharged are as follows:-

Returned home	.....	15	(10 boys	5 girls)
To Residential School	.....	3	(3 boys)	
To Foster Parents	.....	1	(1 boy)	
Returned to Local Authority	.....	1	(1 boy)	

For three months of the year, because of building the extension, the available beds were cut from 15 to 12 and for six months the only room available for group activities was the dining room. In spite of this, we increased the number of admissions and discharges. The two staff rooms have been in constant use for accommodating children.

During the year, we had a camp at Felixstowe and the children went on various trips with their schools and also as a group from the hostel.

The extension is now complete and we have beds for 20 children plus a large playroom.

We still have the difficulty of finding suitable residential staff. "

MIDWIVES SERVICE, HEALTH VISITING AND HOME NURSING

The administration of the midwifery, health visiting and home nursing services remained unchanged in 1972.

In the County area the Director of Nursing Services, Mrs. S. Mee, was supported by two Area Nursing Officers, one based at Cambridge and one at March. Two Nursing Officers are to be appointed early in the financial year 1973/74.

The service in the City of Cambridge is administered by an Area Nursing Officer, and three Nursing Officers.

The following is Mrs. Mee's report for 1972:

" The year 1972 in retrospect seemed to follow very closely the pattern of its predecessors. There has been the usual quota of highlights and disappointments, the latter usually brought about by inability to proceed with plans and programme as envisaged due to shortages of staff of the calibre needed.

Recruitment ranges from patchy to difficult depending upon the areas concerned and the facilities they have to offer for a way of life apart from work. Few young single girls today are willing to be appointed to a 'way-out' district unless transport is good and inexpensive. In rural areas such as this neither applies. Despite efforts directed toward nullifying the consequent isolation, success has been only marginal.

Two items of major concern to all staff have been the publication of 'The Re-organisation of the Health Service' and 'The Report of the Committee on Nursing'.

Uncertainty in regard to the future seems to be divided about evenly between midwives and health visitors, with only nursing staff appearing to feel reasonably secure. It is to be hoped that a firm policy on the staffing structure and future alignment with colleagues in the hospital field will be forthcoming at an early date.

Overall the trend toward team working is being continued, more general practitioners are becoming aware of the advantage of this type of working and no opportunity is being lost of expansion in this field.

With the completion early next year of two more health centres at Fulbourn and Bar Hill respectively, advances will, it is hoped, be made in two hitherto extremely difficult areas. Not all doctors welcome attachment and of those that do and who are genuinely interested, lack of facilities proves a well high insuperable obstacle in a number of instances.

The appointment of a Community/Hospital Liaison Nursing Sister foreshadowed in my last report finally got under way in the spring and has proved successful to a degree far beyond that originally anticipated.

As well as facilitating the work of both hospital and community staff, thereby improving the service to patients and doctors, this appointment has 'awakened in nurses in both spheres a genuine interest in, and a wider knowledge of, the role of the other. It is particularly encouraging to find this Sister now playing a part in the orientation programmes for new staff joining the hospital. This type of development, given the right person, could be one of the best ways of effecting a smooth changeover in 1974-75.

Numerically at 60-65, district nursing staff (inclusive of all grades) have still some way to go to attain the department's recommended figure as related to population and attachment; further progress is, however, anticipated during the next financial year.

Also the next financial year should see the appointment of at least two first line managers, each in the field of district nursing which will bring the Mayston pattern of administration a step nearer completion.

Midwifery

Notwithstanding the growth during the year of a measure of acceptance of change and a corresponding growth in most areas in communication and understanding

between hospital and community staff, there remains on the part of many older community midwives uneasiness as to their future.

This is less marked in areas providing Part II student midwifery training, where involvement in the future seems assured.

Except where there is fortuitously, married midwives content to work in a restricted field, there is now some difficulty occasioned in providing on the one hand adequate midwifery cover and on the other avoidance of over-staffing on districts from which 90% plus of patients are delivered in hospital, and where there is no G.P. Unit in which the midwife can play a part. Such a situation can give rise to two dangers, discontent, and lack of sufficient practice to maintain skills. It will be recalled that in one such area the County Council in collaboration with the Regional Hospital Board delegated all its midwifery services to a Hospital Maternity Unit, their being responsible only for the costs of the service including transport. The scheme appears to be working well and ensures continuity of care for the patient and a satisfying working routine for staff. Other areas in the north of the County have had more than their fair share of problems due to distances to be travelled, sparsity of population and shortages of midwives.

Midwives work closely with their G.Ps attending ante-natal classes and providing education for parents, including fathers, wherever and whenever possible.

As the number of home deliveries continues to fall, efforts are being made to involve midwives increasingly in maternity units, but this is not always possible. In addition falling numbers are of concern to students and here the programme of continuity care will shortly need to be revised in conjunction with the Part I tutor.

Health Visiting

This service can truly be said to be the cinderella of the three.

Trained staff currently total twenty-seven full-time, and even with no attachments at all, to meet the department's recommended figure would require a further twenty-two, a shortage of approximately 45%. Staff in post are carrying impossible case loads, despite the employment wherever possible of S.R.N. assistants of whom there are now ten, five full-time equivalents. All ten are young married women, prepared only to work certain fixed hours. Some, however, are promising material for future health visitor training when young families can more safely be left. There would seem to be a very real need for more part-time schemes of training which include assisted travelling to enable such women to build a career in the fullest sense.

Clerical and mechanical aids are now provided wherever possible, i.e. in health centres, but the single handed health visitor working from her own home still suffers a lack in this respect.

This shortage continues to affect adversely G.P. attachment schemes in the fullest sense, although liaison is good. Recruitment appears to be in the main by way of married women whose husbands move to the area. These are unfortunately more than offset by the number of young newly trained girls who leave us to marry. Over the past five years this totals 50% plus in addition to a further 33% who leave either to work abroad, in London or elsewhere or having married here, later transfer with their husbands.

Education

During the year staff education has continued along fairly regularised paths.

In addition to the usual statutory refresher courses a practice of some years ago was revived in the shape of a course lasting two weeks put on for district nurses with the help of Addenbrookes hospital and its tutorial staff, designed not only to up-date by means of lectures and seminars, community staff in new techniques and new thinking, but also to afford an opportunity for correlating the care of patients in hospital and at home along similar lines. This appeared to be of particular value in view of the increasing early discharge of patients as well as the proposed changes after April 1974.

Seventeen S.R.N. candidates from this and neighbouring authorities trained for,

and sixteen were successful in, obtaining the District Nursing Certificate. Thought is now being given to the training needs of S.E.Ns and auxiliaries.

Two study days in May were devoted to some of today's particularly pressing social problems and in addition two-day appreciation courses in family planning have been organised for the benefit of nursing staff, health visitors, social workers and others.

Thought is now being given to planning for the needs of the future.

The requirements of students in training for the General Register, the Roll, the Mental Health Register, the Certificate of the Central Midwives Board, as well as for health visitor, social work students and others, all pose a tight and at times impossible schedule. There is now urgent need for not only the dovetailing of training generally as per Briggs, but for a sorting-out of priorities in relation to community experience in order to re-establish order, precedence and fair dealing for all.

Since future training in most fields appears likely to entail a greater or lesser degree of community involvement, experienced community tutors will be necessary to plan and mastermind teaching in conjunction with tutor colleagues in hospital.

Thought is currently being given to ways of meeting this requirement in readiness for, or during, 1974.

Staff

Staff in post at 30th September 1972

	Whole-time		Part-time		Total whole-time equivalent in each category
	Number of persons in each category	Whole-time equivalent in each category	Number of persons in each category	Whole-time equivalent in each category	
Administrative and Supervisory	3	3.0			3.0
Health Visitors	28	21.2	2	0.8	22.0
Home Nurses	56	50.2	2	0.8	51.0
Midwives	27	15.1	4	1.7	16.8
School Nursing	27	7.5	4	2.2	9.7
Other S.R.N.	1	1.0	10	5.0	6.0
Other S.E.N.	3	3.0	3	1.5	4.5
Total	-	101.0	-	12.0	113.0

Statistics

Midwifery

Under the rules of the Central Midwives Board, 203 midwives notified their intention to practice.

	<u>City of Cambridge</u>	<u>County Area</u>
Domiciliary	9	36
Institutional	82	76

Number of Domiciliary Confinements attended by Midwives under N.H.S. arrangements

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
215	229	444

Number of Hospital Confinements conducted by Domiciliary Midwives

<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
56	35	91

Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before tenth day

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Discharged within:			
2 days	218	357	575
3-7 days	533	1,178	1,711
8 or more days	69	410	479
	820	1,945	2,765

Health Visiting

Cases visited by Health Visitors

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Children born in 1972	1,335	3,271	4,606
Other children aged under 5	2,993	9,392	12,385
Persons aged between 5 & 16 seen as part of health visiting (excluding those seen as part of school health service)	1,057	223	1,280
Persons aged between 17 & 64	1,366	670	2,036
Persons aged 65 and over	1,013	3,402	4,415
Households visited on account of tuberculosis	48	39	87
Households visited on account of other infectious diseases	21	239	260
Households visited for any other reason	425	556	981
Total	8,258	17,792	26,050

Home Nursing

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Place where first treatment during year by the home nurse took place:			
Patients' Home	2,161	5,852	8,013
Health Centres	-	5,470	5,470
G.Ps. Premises	-	503	503
Maternity and Child Health Centres	-	1	1
Hospital	-	4	4
Residential Homes	8	106	114
Elsewhere	3	4	7
Total	2,172	11,940	14,112

"

SECTION 26 – VACCINATION AND IMMUNISATION

The Council's vaccination and immunisation scheme provides protection for children from whooping cough, tetanus, diphtheria, poliomyelitis, measles and german measles. The following schedule shows the ages at which children are given protection.

DISEASE	IMMUNISATION AND VACCINATION	AGE IT COULD BE GIVEN
Diphtheria Tetanus Whooping Cough Polio	<u>First dose</u> at 3-6 months, Better immunity is acquired if it is given at 6 months. <u>Second dose</u> 6-8 weeks later. <u>Third dose</u> 6 months later.	6 months 8 months 14 months
Measles	Between age of 1 & 2. 3-4 weeks interval before or after other immunising procedures.	15 months
Diphtheria Tetanus Polio	A Booster dose At <u>five years</u> of age on school entry.	5 years
B.C.G. Tuberculosis	Between 10 and 13 years.	12 years
Polio Tetanus	A Booster dose Between 15-19 years or on leaving school.	15 or 16 years
German Measles	Girls between 11th and 14th birthday.	Initial priority given to girls 13-14 years

German Measles

The scheme whereby Rubella vaccination was offered to girls in their 14th year was continued during the year. At the end of the year 908 girls from the County area and 629 from the City of Cambridge had been vaccinated against german measles.

The other immunisation work was again carried out in the main by the general practitioners with only a limited amount being done in the pre-school clinics. The number of children protected, both by the primary courses and boosters can be seen from the following tables. Figures for the City of Cambridge are shown in parentheses.

Primary Courses completed during 1972

Born in	1972	1971	1970	1969	1965- 1968	Others under age 16	Total	1971 figure
Diphtheria	38 (37)	1617 (652)	737 (207)	75 (13)	89 (11)	24 (8)	2580	3426
Whooping Cough	38 (37)	1615 (642)	736 (205)	72 (12)	45 (10)	8 (6)	2514	3309
Tetanus	38 (37)	1621 (652)	738 (207)	77 (13)	106 (11)	197 (57)	2777	4009
Polio	46 (32)	1650 (632)	754 (212)	71 (12)	93 (13)	39 (10)	2653	3619
Measles	5 (4)	810 (394)	799 (291)	165 (58)	220 (87)	20 (8)	2019	3288

Reinforcing doses during 1972

Born in	1972	1971	1970	1969	1965- 1968	Others under age 16	Total	1971 figure
Diphtheria	- (2)	- (24)	2 (37)	14 (21)	2322 (816)	253 (213)	2591	4273
Whooping cough	- (1)	- (20)	1 (37)	10 (18)	474 (280)	40 (143)	525	1367
Tetanus	- (2)	- (24)	2 (37)	25 (23)	2430 (1179)	893 (227)	3350	5495
Polio	- (1)	- (14)	1 (25)	7 (18)	2290 (837)	217 (270)	2515	4289

SECTION 27 - AMBULANCE SERVICE

New Ambulance Station, Cambridge

The new ambulance station and headquarters in Cambridge came into operation on 4th March 1973. This station is on a site adjacent to the new Addenbrooke's Hospital, Hills Road, Cambridge.

Ambulance Station, Wisbech

At the end of the year the acquisition of properties was being undertaken for the site of the ambulance station to be built at Wisbech.

Mobile Coronary Care Service

The Health Committee, at their meeting in September 1972, approved in principle the introduction of an emergency mobile coronary care service. At the end of the year discussions were taking place on the provision of this service.

Training Courses

Ten members of the ambulance staff attended and passed the two weeks course held at the Regional Ambulance Training School at Danbury, near Chelmsford, Essex. Two members attained the highest assessment of Excellent.

Six members attended the six weeks basic course and all passed with above average marks, thus maintaining the very high standard which has been commented upon at the Regional Training School.

Joint Services Training

Twelve members have attended the four symposiums held at the Cambridgeshire Fire Brigade Headquarters at Cambridge. It is evident that these sessions make for a closer co-operation between the emergency services in every-day accident work. These symposiums will be continued in 1973.

In-Service Training

Sessions have been held and in view of the success of the Joint Services Training Scheme the accent has been on training first "attendance crews" for major emergencies. A total of twenty-four ambulance men attended and carried out tactical table exercises.

All members of the staff have had training in the use of the Laerdal Suction Unit, which is being phased in on the ambulances.

Three new entrants to the service have attended an induction course of two weeks which included administration, first aid and practical ambulance work, under the supervision of the Training Officer.

Hospital Training

The North Cambs. Hospital at Wisbech has indicated willingness to help and negotiations with Addenbrooke's Hospital are still in progress, it is hoped a programme will be resolved and acted upon in the near future.

At the request of the Senior Nursing Tutor, Addenbrooke's Hospital, sessions have been given to nursing entrants on the work of the Ambulance Service. These sessions have also been extended to pupil nurses at the Maternity Hospital. Lectures have been given to Staff Nurses at Addenbrooke's Hospital on the procedure of requesting transport, etc.

Miscellaneous Training

The Training Officer has made visits to a number of organisations and has given talks on various subjects, such as 'first aid in the home' to mothers at Sawston Health Centre and resuscitation courses at the Fire Service Headquarters and Sawston Village College.

Demonstration Team

The team has given three demonstrations dealing with road accidents and accidents in the home; further requests have been made for future demonstrations during 1973.

The Training Officer also has a regular commitment with the Eastern Highways Gangers Course for first aid and resuscitation.

The following table gives details of mileage, number of journeys and number of patients conveyed by ambulances and hospital cars.

<u>Ambulance Service</u>		(1971)
Mileage	503,726	475,999
Journeys	34,266	33,328
Patients conveyed	51,758	49,926
<u>Hospital Car Service</u>		
Mileage	1,001,040	943,205
Journeys	45,115	45,344
Patients conveyed	111,380	106,812

Mid-Anglia General Practitioner Accident Service

Following the running of a pilot scheme in 1971, the general practitioners concerned agreed to the development of the service on a permanent basis.

The Health Committee donated to the Mid-Anglia General Practitioner Accident Service six radiotelephones surplus to the Ambulance Service requirements, and agreed that the communications system could be provided by the Ambulance Control for accident service work.

Tuberculosis

The majority of cases of tuberculosis occurring in the Southern part of the County are seen at the Cambridge Chest Clinic on the new Addenbrooke's Hospital site. Patients living in the Newmarket and South Eastern areas of the County attend the chest clinic at Newmarket General Hospital, while the chest clinics at Doddington Hospital and North Cambridgeshire Hospital, Wisbech, deal with the majority of cases from the Northern part of the County.

I am indebted to Dr. J.E. Stark, Consultant Chest Physician, for the following paragraphs relating to the work of the Cambridge Chest Clinic.

" 27 new cases of pulmonary tuberculosis were notified compared with 28 in 1971. 7 new cases of non-pulmonary tuberculosis were notified compared with 14 in the previous year.

The total number of tuberculosis patients seen at the clinic was 1,344 of whom 1,251 had pulmonary disease. 11,581 patients were seen at the clinic. 1,143 of these attended for the first time, and 4,201 were seen at X-Ray Only sessions.

The number of new cases of tuberculosis shows no signs of falling. Although the absolute numbers are small, these patients represent a considerable public health hazard, and there is no room for complacency in detection and treatment of pulmonary tuberculosis. Liaison with the Medical Officer of Health and his staff continues to be excellent, and preventive measures such as follow-up of contact cases and the administration of B.C.G. vaccination of contacts and people at risk, continue to be of the utmost importance. "

Dr. C.E.P. Downes, Consultant Chest Physician for the Northern area, has submitted the following information regarding the work done in his area.

" Non-tuberculous chest disease continues to form the main work of the Chest Clinics. During 1972 six new cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were diagnosed. Of these, only three cases were infectious and the organisms recovered were fully sensitive to the standard anti-tuberculosis drugs. All cases were effectively treated and rendered non-infectious. It is of interest that three of the cases of pulmonary tuberculosis were from members of the same family and were discovered as a result of the routine contact survey of the original case. "

B.C.G. Vaccination

The B.C.G. Vaccination Scheme, whereby pupils aged 12 and over are tuberculin tested and if necessary given B.C.G. Vaccination, continued as in the previous year.

Disposable needles and syringes were again used throughout the programme in the northern area, as was the dermojet gun in the southern area. There is no doubt that these enable the B.C.G. teams to operate in the schools much more quickly.

All children with grade III positives and above have a chest X-ray as a precaution.

The B.C.G. teams have received the fullest co-operation from the staffs of the Secondary Schools and this is much appreciated.

The following table sets out details of the work carried out in schools in Cambridge City and County areas:

	<u>City of Cambridge</u>	<u>County Area</u>	<u>Total</u>
Number skin tested	1373	2739	4112
Number found positive	142	59	201
Number found negative	1062	2549	3611
Number vaccinated	1062	2539	3601

Contact Scheme

The following figures represent the number of persons seen at the Chest Clinic under the Contact Scheme during 1972:

Number skin tested	575
Number found positive	198
Number found negative	377
Number vaccinated	297

City of Cambridge Tuberculosis Register 1972

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	94	40	32	28	126	68
2. Number of cases notified for first time during year under Regulations	17	7	2	3	19	10
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	-	-	-	-	-	-
5. Number of cases removed from register	6	-	-	-	6	-
6. Number of cases remaining on register at end of year	105	47	34	31	139	78

County Tuberculosis Register 1972
(excluding City of Cambridge)

	Respiratory		Non-Respiratory		Total	
	Male	Female	Male	Female	Male	Female
1. Number of cases on register at commencement of year	87	57	17	23	104	80
2. Number of cases notified for first time during year under Regulations	7	4	2	-	9	4
3. Cases restored to register	-	-	-	-	-	-
4. Transferred from other districts	2	-	-	-	2	-
5. Number of cases removed from register	4	2	1	-	5	2
6. Number of cases remaining on register at end of year	92	59	18	23	110	82

Cervical Cytology

Local authority cytology clinics were operated at Girton, Gt. Shelford, Soham and Swavesey during 1972. Some 300 smears were taken at these clinics. In addition smears were taken, as considered necessary, at family planning clinics.

The national scheme for the recall of women for periodical re-examination for the prevention of cancer of the cervix was introduced at the beginning of 1972. Details of women aged 35 and over are produced by the National Health Service Central Register, and it is for the local health authority to notify the women concerned and to endeavour to persuade them to attend for the examination. The number of notifications received was 1,246. Of these 69 were no longer resident in the area and a further 330 were found to have already had a repeat examination. It was known that by the end of the year a further 271 women had attended for examination as a result of the follow-up action instituted by the Health Department.

Facilities for the examination of cervical smears were provided at the University Depart-

ment of Pathology, Cambridge, and at the hospitals at Wisbech, Peterborough and Newmarket. The approximate number of smears examined during the year at these centres, which relate to an area considerably larger than this county, was as follows:

		<u>Positive smears</u>
Cambridge	10,122	40
Newmarket	5,832	8
Peterborough	9,141	55
Wisbech	<u>7,777</u>	<u>42</u>
	32,872	145

Family Planning

At the beginning of 1972 the family planning services in the south of the county (old Cambridgeshire area) were directly provided by the local health authority, while in the north of the county they were provided on an agency basis by the Family Planning Association. Following discussions with the Family Planning Association, and the staffs of the clinics concerned, the services provided by the Family Planning Association were transferred to the local health authority and from 1st July a directly provided service was in operation throughout the whole of the county.

Under the authority's scheme examination and consultation are free in all cases, and contraceptive supplies are free to medical cases. The domiciliary service is also a free service.

An additional family planning clinic was opened in Cambridge during 1972 at the Romsey Clinic, Coleridge Road. The following gives details of the full range of services available.

Family Planning Clinics

Out-Patients Clinic, Maternity Hospital, Mill Road, Cambridge	Friday 2.00 - 3.30 pm. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Kingsway Clinic, Carlton Way, Cambridge	Friday 9.30 - 11.30 am. Appointments obtained by telephoning Histon 2707 between 9.30 am. and 11.30 am. Monday to Thursday
Romsey Clinic, Coleridge Road, Cambridge	Tuesday 5.30 - 7.00 pm. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)
Health Centre, Chapel Street, Ely	Alternate Mondays 5.30 - 7.30 pm. Appointments obtained from Health Centre during normal office hours (Ely 3434)
Health Centre, Granby Street, Littleport	2nd & 4th Thursdays 2.00 - 4.00 pm. Appointments obtained from Health Centre during normal office hours (Ely 860223)
Health Centre, Marylebone Road, March	Wednesday 6.45 - 9.00 pm. Appointments obtained from Health Centre during normal office hours (March 2611)
Milton	Appointments obtained from Health Visitor or Health Department, Shire Hall (58811, ext. 469)
Health Centre, Link Road, Sawston	Tuesday 9.30 - 11.00 am. Appointments obtained from Health Centre during normal office hours (Sawston 2711)
Abberley House, Granhams Road, Gt. Shelford	Tuesday 2.00 - 3.30 pm. Appointments obtained by telephoning Health Visitor before 9.30 am. weekdays (Shelford 3661, ext. 40)
Health Centre, Weatheralls, Soham	1st & 3rd Thursdays, 9.30 - 11.00 am. Appointments obtained from Health Centre during normal office hours (Ely 720595)
Swavesey	1st Monday at 7.00 pm. Appointments obtained from Health Department, Shire Hall (58811, ext. 469)

Jenner Health Centre,
Turners Lane, Whittlesey

1st & 3rd Thursdays 5.30 - 7.00 pm.
Appointments obtained from Health Centre
during normal office hours (Whittlesey 3601)

County Clinic,
Horsefair, Wisbech

Tuesday 6.30 - 8.30 pm.
1st Thursday 10.00 am - 12.00 noon
Appointments obtained from County Clinic
during normal office hours (Wisbech 2597)

A clinic is also provided at Addenbrooke's Hospital for patients only, and at Fulbourn Hospital for patients and staff, while a ward visiting service is operated at the Cambridge Maternity Hospital.

Clinics for the insertion of the intra-uterine contraceptive device are provided at Cambridge, March and Wisbech.

A domiciliary service is now available in most parts of the county, and it is hoped to cover the whole area in 1973. The arrangements for the referral of patients to the domiciliary service are as follows:

1. Areas west of Cambridge. Patients referred direct to Dr. Rose Newsom, 11 The Footpath, Coton. Telephone no: Madingley 228.
2. Cambridge City and adjacent rural areas (roughly the remainder of the area of the old Cambridgeshire County Council, plus Ely). Patients referred direct to Dr. Jennifer Hallam, Lumen, Cambridge Road, Impington. Telephone Histon 2707 between 9.30 am. and 11.30 am. Monday to Thursday.
3. For other parts of the County, details of patients requiring the domiciliary service can be supplied to the nearest family planning clinic (as detailed on the preceding pages) or to the Health Department, Shire Hall, Cambridge. Telephone no. Cambridge 58811 ext. 469.

The following reports were made for the Health Committee on 9th March, 1973, by the doctors responsible for the domiciliary services detailed in 1. and 2. above:-

a) Dr. J. Hallam

" Report on the domiciliary family planning service in Cambridge and surrounding area 1st January - 31st December 1972

Ninety-eight families were visited in 1972. Total doctor visits were about four hundred and thirty. Eighty-five doctor sessions were claimed, and about thirty sessions for the domiciliary nurse.

Cost of doctor	£760
(fees £610 + travelling £150)	

Cost of nurse	£140
(fees £90 + travelling £50)	

Cost of supplies estimated at £2 per patient per year	£196
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£1096

Therefore the cost to the domiciliary service of looking after the ninety-eight families is about £11.20 per family per year.

Most families visited were in the City of Cambridge, but calls were made over a wide area of the County (i.e. Ely, Cheveley, Linton, Burwell, Chippenham, etc.)

Of the ninety-eight families, seventy-three were new referrals to the service, seventy of which had had a pregnancy in the previous year.

Family size ranged from one (unmarried girl) to seven children. Average family size for married women was about four children. Thirty families are still on the list and being visited regularly. Eight have moved out of the County, one husband has died, the rest have been referred to convenient clinics.

<u>Referrals by:</u>	General practitioners	- 18
	health visitors	- 34
	other doctors	- 14
	"friend"	- 7

Methods chosen:	Pill	- 37
	I.U.D.	- 26
	Sterilised	- 15 (vasectomy - 1)
	Sheaths & Chemical	- 6
	Caps	- 3
	Rhythm	- 1

Five patients were already pregnant when visited but we were able to arrange to visit after delivery to arrange a method.

Out of ninety-eight families:

Number of unplanned pregnancies that will go to term	2
Number of unplanned pregnancies terminated before 12 weeks	2
Planned pregnancy	1

Method used when conception occurred

Sheath	3
Rhythm	1

Cost of bringing one child into the world (based on tables 1971-72)

Maternity grant	£25	6 years Primary School	
Maternity allowance	£90	@ £94 per year	£564
Maternity hospital	£20	4 years Secondary School	
Health Visitor/midwife	£20	@ £176 per year	£704
		School Health @ £3 per year	£ 30
	<u>£155</u>		<u>£1298</u>

Therefore the minimum cost to the state for one child up to its fifteenth year was approximately £1,500 estimated in 1972. This does not include extras like medical services or family allowances. In an article in the 'Times' in February 1972 it was estimated that the cost to the social services, of the unwanted illegitimate child, or a child supported by supplementary benefits works out at £4,364 per child. The same article analysed the extra cost of the unwanted child in a large family and the "average" unwanted child. The former was considered to consume £85 more in child care resources compared with the average child.

The expected pregnancy rate in one hundred fertile women at risk is about forty per year (estimate by Family Planning Association). If the ninety-eight families seen had not been given contraceptive advice one might have expected thirty-eight pregnancies, whereas there have been three pregnancies and two terminations. The cost of this domiciliary service in 1972 was £1,100. This compares with the cost to the maternity services, for thirty-three pregnancies, of about £5,100 while the long term cost to the state would be £43,000 over fifteen years. "

b) Dr. R. Newsom

" Domiciliary No.2 Service, West Cambridgeshire 1st January - 31st December 1972

Sixty families were visited during the year. About 150 visits were made, and 48 sessions were claimed. The calls were all in the country, and nineteen different villages were covered. Thirty-six families were the subject of new referrals to the service, and twenty-four had been enrolled already, but required follow-up visits.

The new referrals came from:

General practitioners	2
Health visitors	18
Other doctors	7
Found	9

The methods of contraception selected were:

Pills	13
I.U.D.	8
Sheath and chemical	6
Cap	2
Sterilisation	5

Eighteen of these new patients had had babies in the previous year. Ten patients moved away during the year, and sixteen were attached to local clinics.

Unplanned pregnancies

1. A single girl with one child already, who was taking the pill moved away without leaving her new address. She ran out of supplies and when later traced, was pregnant again. She wanted to keep the baby, but in fact aborted spontaneously. She is now considering the insertion of an I.U.C.D.
2. An epileptic, mother of two, failed to get on well with an I.U.D. and was given the pill. However, she wanted a further pregnancy and so stopped taking her pills. She plans to be sterilised after the child is born.
3. An unmarried girl with a low I.Q. did not come for a check up after the insertion of an I.U.C.D. She became pregnant and no sign of the device could be found. She had a spontaneous abortion, and is now taking the pill.

Health Visitors

I would like to record my gratitude for the enthusiastic help of the health visitors. I depend on them for new referrals and follow up patients. They are absolutely vital to the success of the service.

Costings

60 families were visited; 24 were old patients and 36 new referrals. One patient was pregnant when seen for the first time, and three became pregnant during the year. Assuming that the risk of becoming pregnant if no contraception is used is 40% of all; then the number of pregnancies that have presumptively been averted is:

40% of 59 less 3 = 21	
Cost of bringing one child into the world	£155
Cost of educating same until 15	£1300
Total for 21 children	£30555

Cost of Service

Medical visits	£367
Nurse visits	£45
Miles travelled 1066	£68
Supplies provided	£85
Total	£565

Average cost per family £9.42. This is a weighted statistic because new families take proportionately more time. "

These reports give some indication of the value of a domiciliary family planning service to those women who are unable for one reason or another to attend a clinic. The difference in cost per patient of the two services is to some extent the result of differences in the areas served by the two doctors, both geographical and social. Both reports do show clearly that in addition to the social benefits of the service, there is a financial benefit.

A family planning information centre was opened in Cambridge in the autumn for the dissemination of information to members of the public about the service available. No great demand for such a service was found, and the centre in fact closed during March 1973.

The Health Committee, at their meeting in November, considered the National Health Service (Family Planning) Amendment Act, 1972. This Act enables local health authorities, with the approval of the Secretary of State, to provide vasectomy as part of their family planning service. The Committee agreed to provide the sum of £2,000 in the 1973/74 estimates for the vasectomy service.

In addition to the services provided by the local health authority, the Cambridge Womens' Welfare Association and the Cambridge Advisory Centre for Young People operate clinics in Cambridge.

Two family planning appreciation courses were held in Cambridge in April/May and October. These courses were organised by the health department and were attended by

nurses and social workers from both the local authority and hospital services. A further course, arranged by the Family Planning Association, will be held in May 1973.

At the time of writing this Report, consideration was being given to the establishment of family planning clinics at the new health centres in Fulbourn and Bar Hill and to the provision of an additional (evening) clinic at the Kingsway Clinic in Cambridge.

Medical Loan

This service is provided on an agency basis by the British Red Cross Society. The equipment is supplied free of charge to the patient to facilitate home care. The authority reimburse the Red Cross Society the cost of the purchase of new equipment and other expenses connected with the service.

The number of patients assisted, and of items issued, again showed a substantial increase; 10,302 items being issued to 5,801 patients. The comparable figures for the previous year were 7,744 and 4,773.

Fluoridation of Water Supplies

In my Annual Report for 1971 I was able to record that the County Council had approved a scheme for the fluoridation of the public piped water supplies.

Part of the area of the Cambridge Water Company is within the county of Huntingdon and Peterborough, and Phases I and II of the scheme would involve that area. The scheme was therefore considered by the Huntingdon and Peterborough County Council, and at their meeting on 25th July they rejected both the scheme and the principle of fluoride being introduced into the water supplies in that county.

As a result of this decision the matter was reconsidered by the Cambridgeshire and Isle of Ely County Council, and at their meeting on 4th November they resolved after some debate that no action be taken at the present time to implement Phase III of the scheme which was the only phase which could be proceeded with independently.

Chiropody Service

Re-organisation of the treatment areas mentioned in the Report last year, continued in the early part of this year and resulted in a wider coverage of the rural population. In August, a full-time chiropodist took up her duties and this materially improved the treatment rate. She held sessions at a number of the Health Centres, worked in the City of Cambridge on domiciliary treatments and also attended at a number of Old People's Clubs.

The difficulty in recruiting chiropodists may suggest that the availability of training is perhaps not adequately advertised and this, together with an expansion of the existing training facilities, is essential if the seemingly ever-increasing demand for treatment continues. The salary scales of chiropodists employed by public authorities compare unfavourably with earnings in private practice, and this is, no doubt, a reason for the difficulty being experienced in the recruitment of staff at the present time.

Despite the staffing problems, there was a small increase in the number of persons treated and the treatments given. Details are shown in the following tables:-

Number of persons treated during the year

	By Local Authority		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
1. Persons aged 65 (men) & 60 (women) & over	2372	4264	-	551	2372	4815
2. Physically handicapped or otherwise disabled	86	240	-	2	86	242
3. Expectant mothers	-	6	-	-	-	6
4. Other	-	-	-	-	-	-
Total	2458	4510	-	553	2458	5063

Number of Treatments given during year

	By Local Authority		By Voluntary Organisations		Total	
	City of Cambridge	County	City of Cambridge	County	City of Cambridge	County
In Clinics	660	4638	-	65	660	4703
In Patients' Home	3292	5959	-	1109	3292	7068
In Old People's Homes	621	1860	-	-	621	1860
In Chiropodists' Surgeries	10405	7191	-	2146	10405	9337
Total	14978	19648	-	3320	14978	22968

Venereal Disease

The southern part of the County, including the City of Cambridge, is served by the special clinic at Addenbrooke's Hospital, while facilities for the northern part of the County are provided at Peterborough District Hospital and the West Norfolk and King's Lynn General Hospital.

The following figures relate to "first-time" attendances by residents of the Administrative County at the special clinic at Addenbrooke's Hospital.

	<u>1972</u>	<u>1971</u>	<u>1970</u>	<u>1969</u>
Syphilis	5	8	8	16
Gonorrhoea	136	95	127	129
Other Genital Infections	865	826		
Other conditions	463	347	749	513

I am indebted to Dr. J.K. Oates, Consultant in Venereology, for the following observations on the work of the special clinic which has a catchment area wider than that of the Administrative County.

" There was a considerable fall in the total cases of infectious syphilis, only one case being seen in the past year at the clinic and this infection was acquired in the Cambridge area. The number of cases of gonorrhoea increased to 190, the greater part of which (136) were acquired in the locality. The number of patients suffering from non-gonococcal urethritis reached this year a figure of 427 and there were only 5 cases whose illness was complicated by the development of arthritis.

A total of 1,822 patients attended the clinic for advice and for conditions other than gonorrhoea and syphilis, a total considerably in excess of last year's figure of 1,078. Again, this must be interpreted as welcome evidence that still more people are coming forward to seek advice following the possibility of infection. "

The attachment of a specially appointed nurse to the special clinic at Addenbrooke's Hospital to assist with contact tracing was continued.

Early in 1973 a telephone answering machine was installed in the Health Department to give details of the times and location of the clinic in Cambridge.

The following figures relate to the attendance of county residents at the clinic at Peterborough District Hospital.

	<u>1972</u>	<u>1971</u>	<u>1970</u>	<u>1969</u>
Syphilis	1	1	-	1
Gonorrhoea	4	5	9	7
Other Genital Infections	31	52		
Other conditions	11	28	21	27

Forty-one residents of the County area are known to have attended the King's Lynn and West Norfolk Hospital (14 gonorrhoea; 23 other genital infections; 4 other conditions), and ten the Bedford General Hospital.

Yellow Fever Vaccination

Twice weekly sessions continue to be held for giving yellow fever vaccinations to persons going abroad. These are held in the Health Department on Monday mornings at 9.30 am. and Thursday afternoons at 4.00 pm. by appointment. In all, 1265 persons were vaccinated - this compares with a figure of 1352 for 1971 and 1171 for 1970.

HEALTH EDUCATION

I am indebted to Miss J. Randell, Senior Health Education Officer, for the following report:

" 'No man is an island entire unto himself', John Donne could have had little idea of the aptness of that phrase nor of its relevance to health education practice today. To the mental, social and physical components of 'health' we must now add another, that of the environment, and can see, if we look at the totality, that these components are so interwoven that not only is 'no man an island' but also that no part of our total environment is an island either.

Many groups, statutory and voluntary, are working towards improving the environment and thereby the total 'health' of man; many of them have similar aims and objectives which make adherence to particular professional or interest boundaries a nonsense if the overall picture is examined. In jargon terms we need an 'overview' of all that goes on to ensure that duplication is avoided and research and current work are complimentary.

Health education, while pursuing its own stated aims of the promotion of a positive attitude to health and the prevention of disease, should, through its wider contacts be aware of the part it can play. For instance, this was furthered in 1972 by two 2-day family planning appreciation courses attended by health visiting and nursing staff, social workers and other involved voluntary workers in the field; also by co-operation with the social services department in the courses run for home helps and playgroup people; in these the broad aspects of positive health in relation to the practice of each of these groups was discussed.

More generally, so many aspects of health education cross the boundaries between professions and disciplines that it would not be profitable to catalogue them: what is essential is that whatever is being planned or carried out should be done with full awareness of the wider context and implications and that, perhaps, part of health education practice is to be like the gadfly and continually remind others of the need to look outwards. This has, of course, even greater aptness as we move towards the reorganisation of the health services and the opportunities that this will bring.

Much of the work of the health education section during 1972 has been to discuss, advise, and counsel those who are involved at grass-roots level. The real health educators are all who are involved in health practice in whatever way and who communicate positive health and prevention of disease either in the one-to-one situation or in small groups as they go about their normal duties. An increasing number of both professional and voluntary workers are becoming alert to the health content of their work and are asking for guidance: they include doctors, nurses, midwives, health visitors, teachers, clergy, youth workers (voluntary and statutory), playgroup leaders, home helps, public health inspectors and many others. It is the slowly gathering stream of awareness of the value of positive health coupled with a desire to be actively involved in this in life that encourages us to believe that health education, in its widest sense, is becoming a valued discipline.

Health education should reach towards all members of the community and in the process identify those with special needs to whom it gives special attention. It is convenient to group these as follows.

Mothers and Young Children

During pregnancy many young parents are very receptive to information and welcome the opportunity to enter into discussion on all aspects of the pregnancy, confinement and the care of the baby when it is born. Through the many preparation classes that run both in the afternoons and the evenings an increasing number of young parents make use of this opportunity and it is encouraging to see a greater father involvement; here also is the opportunity to discuss family planning and to have discussion not only on the physical needs of the new family but on the very important emotional and social needs as well. Parentcraft is already included in the curriculum for school-leavers in some secondary schools but as this is not yet universal whatever is made available at this stage can do nothing but good in contributing to the positive health of future families.

The natural sequel to the preparation classes is attendance at mother's club or group where at least a proportion of the meetings are devoted to topics concerning the total health of the family. Some of these groups may be organised

within the framework of the local authority clinic but much work is also done through such organisations as Young Wives Groups and playgroup meetings. However, not every mother is attracted to a formal meeting and other methods of reaching them must be sought. Posters and leaflets on display at Child Health Clinics are of limited value but the provision of a portable display with a member of staff on hand solely to talk to small groups of mothers as they come into the clinic has proved successful: a formal talk has very little use in the clinic but the opportunity to look at the display, ask questions, discuss points of view all related to the chosen topic fulfils a need and is acceptable both to the mothers and to the clinic staff.

During the year the Education Department have organised a number of 'Living and Working with the Under 5's' courses at Village Colleges for those involved with the under fives be they playgroup leaders, parents, grandparents, or friends. Within these courses due regard has been given to the total health needs of children; health education staff have been involved in a number of them.

The School Child

Health education for the school child is an amalgam of the attitudes, influences and information received from his parents and from other sources (particularly the media) and the teaching and discussion that takes place within the framework of the school. As with any health education it can be in either the one-to-one context or in the group situation. Much health education in schools can be an integral part of other subjects and is dependent on the teacher's awareness of the importance of health. To stimulate this an exhibition about health education in school was mounted during the autumn term in the Homerton and Wisbech teachers centres. A wide variety of books, pamphlets, etc., backed up displays showing many aspects of health that could be presented in school. This was further supplemented by lectures and discussions in both centres; the response was such that request was made for a similar exhibition to be staged in 1973 aimed at the schoolchild to which schools could bring parties.

Within primary schools much work is being carried out incidentally and an increasing number of teachers are including aspects of home safety, human biology, social biology, etc., in their project work. The audio-visual aids available from health education are borrowed frequently and advice and discussion take place with the teachers. Growth, however, is sporadic and if curriculum development is to be taken seriously and due regard paid to an ongoing programme from primary to secondary school then more attention will have to be paid to developing an overall programme that links with the secondary schools.

Programmes within the secondary schools continue to develop with a greater involvement of the teaching staff and the health education section being used for advice and support in the more controversial subjects. Within a variety of programmes each suited to individual schools personal relationships, contraception, sexually transmitted disease, drug and alcohol misuse and smoking are covered. In many of the schools human biology, child care and social studies are being followed to examination level and much use is made of the audio-visual aids and other available resources. Regrettably, so much of this material tends to be presented to the non-examination streams and it is difficult to justify the exclusion of the higher academic levels when one of the tenets of education is that it is an education for life.

The Adult Population

If it is relatively easy to reach the school child with health education the adult population as a whole presents the greatest challenge; apart from a few who meet conveniently in groups and who are actively interested in learning about positive health, the majority can only effectively be reached through the media and in the one-to-one situation.

The Health Education Council, during the year, used television to advertise among other topics the social unacceptability of smoking as well as its dangers and one of the displays set up in each health centre in turn was used to reinforce this message. Other topical matters have been featured and there are currently four displays at any one time in the health centres. Subjects covered have been contraception, weight control, holiday health, foot care, baby feeding hygiene, and home safety. Leaflets and posters have also been sent to general practitioners, child health clinics, and schools and youth clubs as appropriate. Where commercially produced material has been neither suitable nor available the health education section, with help from others, has produced its own materials

and these have proved very popular.

In co-operation with the staff of the Cambridgeshire College of Arts and Technology an exhibition on health, safety and welfare was staged in the College during the autumn. It was aimed at both students and staff and covered by display, film, demonstration and lecture most of the socially induced ills, their prevention and treatment. It was manned during the whole time and there was an enthusiastic involvement of the student population. The College administered a small questionnaire to find out the health, welfare and safety knowledge of the students and particularly of their personal unmet needs.

In-Service Training

The home help service of the social services department included accident prevention in each of their training sessions for home helps. The school meals service included a session on food and personal hygiene in the course for cooks and kitchen staff.

The study days for the health department nursing staff were held in May and provoked much interest; they included lectures on sexually transmitted diseases, abortion, stress and new diagnostic techniques. These study days not only allow the staff to bring their knowledge up to date but afford a useful opportunity for the whole County staff to meet.

The inception of two-day family planning courses for health department staff and others, following the recommendation of the Department of Health and Social Security, has proved most useful and all the participants felt that this was a useful and worthwhile venture. As a sequel a small group of health visitors and nurses have had a series of in-depth discussions with a consultant psychiatrist on the communication difficulties associated with family planning work.

Each group of student nurses at Addenbrooke's Hospital has had a talk and discussion on their responsibilities in health education within the framework of the other lectures that they have on the community health services.

Information Bulletin, in co-operation with the social services department, has been produced quarterly with a wide variety of articles from many sources. Once again we must thank the contributors who have given so generously of their time and expertise.

Health education is rather like dropping a stone into a pool - the ripples spread outwards each one touching the next. The health education services only function well when the many people touched by them carry out their part well. It is appropriate here to thank all our colleagues in both the statutory and voluntary services without whom so much would be impossible. "

REGISTERED NURSING HOMES

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes on the register at end of year	3	6	69	75

One small nursing home (2 beds) no longer admits patients, but has asked to retain registration.

The registration of the Spastics Society School, Meldreth, as a mental nursing home ceased at the end of the year with its recognition by the Department of Education and Science as an independent school.

MEDICAL EXAMINATION OF STAFF

The system whereby all newly appointed staff complete a medical questionnaire was continued during the year, and has proved very satisfactory. Only a limited number are required to undergo a full examination. This, of course, does not apply to candidates for admission to Teacher Training Colleges or entrants to the teaching profession where a full examination is always carried out, including a chest x-ray. The figures for 1972 were as follows:

Medical examinations carried out on candidates:

a) for admission to Teacher Training Colleges	195	(162)
b) for entry to the teaching profession	53	(58)
Number of questionnaires received from other staff	880	(876)
Number of clinical examinations arising from completed questionnaires	6	(3)

(The 1971 figures are in parentheses)

FOOD AND DRUGS ACT 1955

The County Council is responsible for the administration of the Food and Drugs Act 1955. Fifteen samples of raw milk were taken in the County (apart from Chesterton Rural District Council area) during the year by the Weights and Measures Department. All were satisfactory.

The public health inspectors are responsible for the taking of milk samples in the area of Chesterton Rural District Council.

VITAL STATISTICS

Area Comparability Factors

In order to compare the statistics of birth and death rates in the county districts with the birth and death rates for England and Wales, it is necessary to make a correction for the difference in age and sex distribution of the different populations. This is done by applying to the crude birth and death rates of the districts concerned "Area Comparability Factors" which have been estimated by the Registrar General and are shown in the tables relating to live births and deaths on pages 50 and 53 respectively.

Population

The mid-1972 estimate of the Registrar General showed an increase of 3,710 on the figure for 1971. The figure for the City of Cambridge rose by 650, while that for the rest of the County rose by 3,060.

Births

The live and still birth figures relate to occurrences in the calendar year rather than registrations. The comparable birth rate of 13.6 is 1.2 lower than the average for England and Wales (14.8).

The number of illegitimate live births in the Administrative County showed some increase over 1971 — 254 as compared with 242 — a rate of 5.8% of live births (5.4% in 1971). The percentage of illegitimate live births in the urban areas was 8.0% (6.6% in 1971); in the rural areas 3.8% (4.3% in 1971).

Stillbirths

The number of stillbirths occurring in the administrative county rose from 46 in 1971 to 54 in 1972, giving the rate per 1,000 total births as 12.1 compared with 10.1 in 1971. The rates for the urban areas and rural areas respectively were 10.6 (9.9 in 1971) and 13.4 (10.4 in 1971). The rate for England and Wales was 12.

Infant Mortality

The infant mortality rate for the administrative county (deaths of children under one year of age per thousand live births) rose from 11.4% in 1971 to 13.3% in 1972. The rates for the urban areas and rural areas respectively were 9.7 (11.9 in 1971) and 16.5 (10.9 in 1971). The rate for England and Wales was 17.

The illegitimate infant mortality rate (deaths of illegitimate infants under one year of age per thousand live births) showed little change (12.4 in 1971, 11.8 in 1972).

The neonatal death rate (deaths in the first four weeks of life per 1,000 live births) rose from 6.9 to 7.9. This compares with a figure for England and Wales of 12. The respective figures for urban and rural areas were 5.3 (5.7 in 1971) and 10.2 (8.0 in 1971).

The early neonatal death rate (deaths in the first week of life per 1,000 live births) rose from 4.9 to 6.3 in the administrative county. The rates for the urban and rural areas respectively were 4.8 (4.2 in 1971) and 7.6 (5.5 in 1971).

Since the main loss of young life today occurs either prenatally or in the first week of life, it is customary to express the loss as a perinatal mortality rate (still births and deaths in the first week of life combined per 1,000 live and still births). The rates for the administrative county were 18.3 (15.0 in 1971); urban areas 15.4 (14.1 in 1971); rural areas 20.9 (15.8 in 1971). The rate for England and Wales was 22.

Deaths

The comparable death rate for the administrative county was 10.5 per 1,000 population; that for England and Wales was 12.1.

International Classification of Diseases — Mortality

The list of causes of mortality used for the past four years, with additional headings included in 1970, has been used again this year.

Once again the greatest causes of mortality were heart disease (1,112), cancer (665) and cerebro vascular disease (480).

The total number of deaths from cancer of all sites rose slightly, from 636 to 665 (1 more death in males, 28 more in females). The number of deaths from cancer of the lung and bronchus rose by 28, there being 12 more deaths in males and 16 in females.

Deaths of persons over the age of 65 amounted to 76.1% of the total deaths (76.4% in 1971).

POPULATION

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Administrative County	282,950	287,870	291,030	294,010	296,930	301,470	302,560	304,680	304,570	308,280

URBAN DISTRICTS

Area	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Cambridge M.B.	96,020	98,390	99,270	99,830	100,340	100,470	100,200	100,010	99,600	100,250
Chatteris	5,500	5,470	5,490	5,520	5,520	5,520	5,510	5,520	5,560	5,620
Ely	9,920	10,010	10,040	10,030	10,030	10,060	10,020	10,030	10,270	10,460
March	13,230	13,240	13,180	13,200	13,410	13,800	14,080	14,060	14,230	14,360
Whittlesey	9,540	9,630	9,710	9,820	9,900	11,000	11,060	11,200	10,390	10,560
Wisbech M.B.	17,520	17,520	17,500	17,410	17,410	17,550	17,510	17,480	16,950	16,960
Total	151,740	154,260	155,190	155,810	156,610	158,400	158,380	158,300	157,000	158,210

RURAL DISTRICTS

Area	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Chesterton	47,540	49,000	49,430	50,080	50,500	51,580	52,040	52,300	53,930	55,090
Ely	14,520	14,540	14,560	14,630	14,760	14,920	15,050	15,100	15,370	15,530
Newmarket	21,150	21,360	21,720	22,040	22,310	22,500	22,630	22,620	23,890	24,120
North Witchford	4,620	4,620	4,580	4,570	4,560	4,550	4,550	4,520	4,270	4,240
South Cambs	30,630	31,260	32,650	33,810	35,020	36,280	36,620	38,600	37,050	37,980
Wisbech	12,750	12,830	12,900	13,070	13,170	13,240	13,290	13,240	13,060	13,110
Total	131,210	133,610	135,840	138,200	140,320	143,070	144,180	146,380	147,570	150,070

LIVE BIRTH RATES PER THOUSAND POPULATION

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AREA	1968			1969			1970			1971			1972		
	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor	No.	Rate	Com-para-bility factor
Administrative County	4506	14.9	0.99	4392	14.5	0.99	4434	14.6	0.99	4482	14.7	0.99	4417	14.3	0.95
<u>URBAN DISTRICTS</u>															
Cambridge M.B.	1318	13.5	0.97	1167	11.6	0.97	1223	12.2	0.97	1215	12.2	0.97	1190	11.9	0.87
Chatteris	73	13.2	1.06	74	13.4	1.06	62	11.2	1.06	74	13.3	1.06	71	12.6	1.10
Ely	120	11.9	0.97	120	12.0	0.97	120	12.0	0.97	122	11.9	0.97	121	11.6	1.07
March	230	16.7	1.05	228	16.2	1.05	213	15.1	1.05	233	16.4	1.05	203	14.1	1.07
Whittlesey	160	14.5	1.00	149	13.5	1.00	166	14.8	1.00	160	15.4	1.00	192	18.2	0.98
Wisbech M.B.	240	13.7	1.03	280	16.0	1.03	270	15.4	1.03	301	17.8	1.03	283	16.7	1.05
AGGREGATE	2141	13.5	0.99	2018	12.7	0.99	2054	13.0	0.99	2105	13.4	0.99	2060	13.0	0.92
<u>RURAL DISTRICTS</u>															
Chesterton	904	17.5	0.94	865	16.6	0.94	893	17.1	0.94	847	15.7	0.94	813	14.8	0.95
Ely	231	15.5	1.07	250	16.6	1.07	250	16.6	1.07	241	15.7	1.07	271	17.5	1.01
Newmarket	362	16.1	1.02	365	16.1	1.02	342	15.1	1.02	368	15.4	1.02	327	13.6	1.02
North Witchford	49	10.8	1.02	55	12.1	1.02	42	9.3	1.02	61	14.3	1.02	63	14.9	1.19
South Cambs.	594	16.4	1.00	646	17.6	1.00	664	17.2	1.00	655	17.7	1.00	701	18.5	0.94
Wisbech	225	17.0	1.01	193	14.5	1.01	189	14.3	1.01	205	15.7	1.01	182	13.9	1.07
AGGREGATE	2365	16.5	0.99	2374	16.5	0.99	2380	16.3	0.99	2377	16.1	0.99	2357	15.7	0.98

ILLEGITIMATE LIVE BIRTHS (Rate per cent of total live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	305	6.8	189	8.8	116	4.9
1969	231	5.3	137	6.8	94	4.0
1970	240	5.4	151	7.4	89	3.7
1971	242	5.4	139	6.6	103	4.3
1972	254	5.8	164	8.0	90	3.8

STILL BIRTHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	58	13.0	34	16.0	24	10.0
1969	39	8.8	15	7.4	24	10.0
1970	50	11.2	23	11.1	27	11.2
1971	46	10.1	21	9.9	25	10.4
1972	54	12.1	22	10.6	32	13.4

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TOTAL LIVE AND STILL BIRTHS

Area	1968	1969	1970	1971	1972
Administrative County	4,564	4,431	4,484	4,528	4,471
<u>URBAN DISTRICTS</u>					
Cambridge M.B.	1,332	1,177	1,233	1,225	1,202
Chatteris	74	74	63	77	73
Ely	123	120	121	123	123
March	235	230	217	236	207
Whittlesey	163	149	169	161	194
Wisbech	248	283	274	304	283
Aggregate	2,175	2,033	2,077	2,126	2,082
<u>RURAL DISTRICTS</u>					
Chesterton	913	873	900	855	820
Ely	233	254	253	247	277
Newmarket	364	369	347	370	328
North Witchford	51	56	44	61	65
South Cambs.	601	652	673	663	711
Wisbech	227	194	190	206	188
Aggregate	2,389	2,398	2,407	2,402	2,389

INFANT MORTALITY (Deaths under one year per thousand live births)
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	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	61	14.0	28	13.0	33	14.0
1969	71	16.1	25	12.4	46	19.4
1970	72	16.2	32	15.6	40	16.8
1971	51	11.4	25	11.9	26	10.9
1972	59	13.3	20	9.7	39	16.5

INFANT MORTALITY RATE (legitimate) (Rate per thousand legitimate live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	58	13.8	25	12.8	33	14.7
1969	65	15.7	23	12.2	42	18.4
1970	65	15.5	28	14.7	37	16.1
1971	48	11.3	25	12.7	23	10.1
1972	56	13.4	19	10.0	37	16.3

INFANT MORTALITY RATE (Illegitimate)
(Rate per thousand illegitimate live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	3	9.8	3	15.9	-	-
1969	6	26.0	2	14.6	4	42.6
1970	7	29.2	4	26.5	3	33.7
1971	3	12.4	-	-	3	29.1
1972	3	11.8	1	6.1	2	22.2

NEONATAL DEATH RATE
(Deaths in first 4 weeks of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	37	8.2	19	8.9	18	7.6
1969	48	10.9	18	8.9	30	12.6
1970	42	9.5	19	9.2	23	9.7
1971	31	6.9	12	5.7	19	8.0
1972	35	7.9	11	5.3	24	10.2

EARLY NEONATAL DEATH RATE
(Deaths in first week of life per 1,000 live births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	29	6.4	14	6.5	15	6.3
1969	38	8.6	17	8.4	21	8.8
1970	36	8.1	16	7.8	20	8.4
1971	22	4.9	9	4.2	13	5.5
1972	28	6.3	10	4.8	18	7.6

PERINATAL MORTALITY RATE
(Stillbirths and deaths in first week of life combined
per 1,000 total live and still births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	87	19.0	48	22.0	39	16.0
1969	77	17.4	32	15.7	45	18.8
1970	86	19.2	39	18.8	47	19.5
1971	68	15.0	30	14.1	38	15.8
1972	82	18.3	32	15.4	50	20.9

MATERNAL DEATHS (Rate per thousand total births)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	1	0.22	1	0.46	-	-
1969	1	0.22	-	-	1	0.42
1970	1	0.22	1	0.48	-	-
1971	-	-	-	-	-	-
1972	2	0.45	2	0.96	-	-

DEATH RATES PER THOUSAND POPULATION

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	County			Urban Area Aggregate			Rural Area Aggregate		
	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor	No.	Rate	Compara- bility factor
1968	3313	11.0	0.95	1748	11.0	0.94	1565	10.9	0.94
1969	3328	11.0	0.96	1722	10.9	0.95	1606	11.1	0.95
1970	3322	10.9	0.96	1777	11.2	0.96	1545	10.6	0.95
1971	3248	10.7	0.96	1697	10.8	0.96	1551	10.5	0.95
1972	3455	11.2	0.94	1844	11.7	0.92	1611	10.7	0.97

TUBERCULOSIS DEATHS (all forms)
(Rate per 1,000 population)

	County		Urban Area Aggregate		Rural Area Aggregate	
	No.	Rate	No.	Rate	No.	Rate
1968	6	0.02	3	0.02	3	0.02
1969	9	0.03	4	0.03	5	0.03
1970	8	0.03	3	0.02	5	0.03
1971	10	0.03	5	0.03	5	0.03
1972	4	0.01	1	0.01	3	0.02

CANCER DEATHS

	County			Urban Area Aggregate			Rural Area Aggregate		
	Male		Female	Male		Female	Male		Female
	All Sites	Lung & Bronchus	All Sites	All Sites	Lung & Bronchus	All Sites	All Sites	Lung & Bronchus	All Sites
1968	364	143	287	198	78	15	166	65	119
1969	362	132	308	196	74	13	166	58	132
1970	369	136	289	190	74	20	179	62	122
1971	341	123	295	178	61	6	163	62	147
1972	342	135	323	177	70	15	165	65	153

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE - AGGREGATE OF URBAN DISTRICTS

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and ove
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other diarrhoeal diseases	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis of respiratory system	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Late effects of respiratory tuberculosis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other tuberculosis	M	1	-	-	-	-	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its sequelae	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other infective and parasitic diseases	M	1	-	-	-	-	-	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Malignant neoplasm of buccal cavity and pharynx	M	2	-	-	-	-	-	-	-	-	-	1	1	1	1
	F	2	-	-	-	-	-	-	-	-	1	-	-	-	-
Malignant neoplasm of oesophagus	M	9	-	-	-	-	-	-	1	2	2	3	1	1	1
	F	9	-	-	-	-	-	-	-	-	-	3	6	6	6
Malignant neoplasm - stomach	M	11	-	-	-	-	-	-	2	1	1	5	2	2	2
	F	15	-	-	-	-	-	-	-	1	1	3	10	10	10
Malignant neoplasm of intestine	M	27	-	-	-	-	-	-	2	-	8	10	7	7	7
	F	27	-	-	-	-	-	-	-	1	4	4	18	18	18
Malignant neoplasm of larynx	M	1	-	-	-	-	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm - lung, bronchus	M	70	-	-	-	-	-	1	1	6	25	28	9	9	9
	F	15	-	-	-	-	-	-	-	4	2	4	5	5	5
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	40	-	-	-	-	-	-	4	11	8	10	7	7	7
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	11	-	-	-	-	-	-	-	1	2	4	4	4	4
Malignant neoplasm of prostate	M	6	-	-	-	-	-	-	-	-	-	2	4	4	4
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Leukemia	M	6	-	-	-	-	1	1	-	-	-	2	2	2	2
	F	5	-	-	-	-	-	2	1	-	1	-	1	1	1
Other malignant neoplasms	M	45	-	-	-	1	-	2	-	6	11	16	9	9	9
	F	46	-	-	-	-	-	-	1	8	9	13	15	15	15
Benign and unspecified neoplasms	M	1	-	-	-	-	-	-	-	-	-	1	-	-	-
	F	3	-	-	-	1	-	-	-	1	1	-	-	-	-
Diabetes mellitus	M	13	-	-	-	-	-	-	-	-	-	5	8	8	8
	F	15	-	-	-	-	-	-	-	-	1	2	12	12	12
Avitaminoses and other nutritional deficiency	M	1	-	-	-	-	-	-	-	-	-	1	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other endocrine, nutritional and metabolic diseases	M	3	-	-	-	-	-	-	-	-	-	2	1	1	1
	F	3	-	-	-	-	-	-	1	-	-	1	1	1	1
Anaemias	M	3	-	-	-	-	-	-	-	-	-	1	2	2	2
	F	5	-	-	-	-	-	-	-	-	-	2	3	3	3
Other diseases of blood and blood-forming organs	M	1	-	-	-	-	-	-	-	-	-	-	1	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disorders	M	1	-	-	-	-	-	-	-	-	-	-	1	1	1
	F	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Carried forward	M	202	-	-	-	1	1	4	6	15	49	77	49	49	49
	F	200	-	-	-	1	-	2	7	27	31	47	85	85	85

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
<i>Brought forward</i>	M	202	-	-	-	1	1	4	6	15	49	77	49	
	F	200	-	-	-	1	-	2	7	27	31	47	85	
Multiple sclerosis	M	2	-	-	-	-	-	-	1	-	-	1	-	
	F	2	-	-	-	-	-	1	-	-	1	-	-	
Other diseases of nervous system and sense organs	M	6	-	1	-	1	-	1	-	-	2	1	-	
	F	8	-	-	-	-	-	-	-	-	2	2	4	
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	M	11	-	-	-	-	-	-	1	-	1	5	4	
	F	9	-	-	-	-	-	-	-	-	2	3	4	
Hypertensive disease	M	13	-	-	-	-	-	-	1	1	2	5	4	
	F	12	-	-	-	-	-	-	1	-	2	4	5	
Ischaemic heart disease	M	257	-	-	-	-	-	-	4	19	59	87	88	
	F	189	-	-	-	-	-	-	-	2	10	50	127	
Other forms of heart disease	M	51	-	-	-	-	-	-	-	2	7	12	30	
	F	72	-	1	-	1	-	-	-	-	1	16	53	
Cerebrovascular disease	M	88	-	-	-	-	-	1	1	4	10	30	42	
	F	175	-	-	-	-	-	1	-	3	7	27	137	
Other diseases of the circulatory system	M	33	-	-	-	-	-	-	-	1	2	16	14	
	F	37	-	-	-	-	-	1	-	1	7	4	24	
Influenza	M	3	-	-	-	-	-	-	-	-	-	2	1	
	F	4	-	-	-	-	-	-	-	-	-	2	2	
Pneumonia	M	83	-	2	-	1	-	-	-	1	3	22	54	
	F	106	-	-	1	-	-	-	-	2	3	9	91	
Bronchitis, emphysema	M	64	-	-	-	-	-	-	-	3	5	22	34	
	F	20	-	-	-	-	-	-	1	1	1	6	11	
Asthma	M	5	-	-	-	-	1	-	-	1	2	1	-	
	F	2	-	-	-	-	1	-	-	-	-	1	-	
Other diseases of the respiratory system	M	6	-	-	-	-	-	1	-	1	-	3	1	
	F	8	-	1	1	-	1	-	-	-	1	2	2	
Peptic ulcer	M	8	-	-	-	-	-	-	1	-	1	3	3	
	F	5	-	-	-	-	-	-	-	-	1	-	4	
Appendicitis	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Intestinal obstruction and hernia	M	2	-	-	-	-	-	-	-	-	2	-	-	
	F	3	-	-	-	-	-	-	-	-	-	-	3	
Cirrhosis of liver	M	3	-	-	-	-	-	-	-	1	-	2	-	
	F	2	-	-	-	1	-	-	-	-	-	-	1	
Other diseases of the digestive system	M	4	-	1	-	-	-	-	-	-	-	1	2	
	F	14	-	-	-	-	-	-	1	1	1	4	7	
Nephritis and nephrosis	M	5	-	-	-	-	-	-	-	1	1	3	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Hyperplasia of prostate	M	6	-	-	-	-	-	-	-	-	-	1	5	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of the genito- urinary system	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	8	-	-	-	-	-	-	-	-	-	3	5	
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	1	1	-	-	-	-	-	
Diseases of the skin and sub- cutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	-	2	
Diseases of the musculoskeletal system and connective tissue	M	1	-	-	-	-	-	-	-	-	-	-	1	
	F	8	-	-	-	-	-	-	-	-	-	2	6	
Congenital anomalies	M	2	-	1	-	-	-	-	-	-	1	-	-	
	F	5	1	2	1	-	-	-	-	1	-	-	-	
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	9	9	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other causes of perinatal mortality	M	1	1	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Symptoms and ill-defined conditions	M	2	-	-	1	-	-	-	-	-	-	-	1	
	F	5	-	-	-	-	-	-	-	1	-	-	4	
Motor vehicle accidents	M	11	-	-	-	-	-	5	-	1	1	2	2	
	F	6	-	-	-	-	-	1	-	-	2	1	2	
All other accidents	M	17	-	-	-	-	3	2	2	-	1	1	8	
	F	22	-	-	1	-	1	1	1	1	2	2	13	
Suicide and self-inflicted injuries	M	5	-	-	-	-	1	-	2	-	1	1	-	
	F	8	-	-	-	-	-	-	3	2	2	-	1	
All other external causes	M	3	-	-	-	-	-	1	-	1	-	1	-	
	F	2	-	-	-	-	-	-	1	1	-	-	-	
TOTAL ALL CAUSES	M	907	10	5	1	3	6	15	19	53	150	300	345	
	F	937	1	4	4	3	4	8	15	43	76	185	594	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE - AGGREGATE OF RURAL DISTRICTS

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE														
CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-	ove	
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Enteritis and other diarrhoeal diseases	M	2	-	1	1	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	1	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Late effects of respiratory tuberculosis	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other tuberculosis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
All other infective and parasitic diseases	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	2	1	-	-	-	-	-	-	-	1	-	-	
Malignant neoplasm of buccal cavity and pharynx	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	3	-	-	-	-	-	-	-	1	1	-	1	
Malignant neoplasm of oesophagus	M	4	-	-	-	-	-	-	-	-	2	1	1	
	F	3	-	-	-	-	-	-	-	1	-	1	1	
Malignant neoplasm of stomach	M	24	-	-	-	-	-	-	-	-	5	6	13	
	F	12	-	-	-	-	-	-	-	-	3	1	8	
Malignant neoplasm of intestine	M	15	-	-	-	-	-	-	-	-	5	7	3	
	F	27	-	-	-	-	1	-	2	8	7	9		
Malignant neoplasm of larynx	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Malignant neoplasm - lung, bronchus	M	65	-	-	-	-	-	2	5	15	32	11		
	F	15	-	-	-	-	1	-	2	4	6	2		
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	20	-	-	-	-	1	1	2	3	7	6		
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	11	-	-	-	-	-	-	4	3	4	-		
Malignant neoplasm of prostate	M	11	-	-	-	-	-	-	-	-	4	7		
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Leukemia	M	2	-	-	-	-	-	1	-	1	-	-	-	
	F	7	-	-	1	-	1	-	1	-	1	3		
Other malignant neoplasms	M	41	-	-	-	1	2	2	3	11	9	13		
	F	54	-	-	-	1	1	-	5	11	17	19		
Benign and unspecified neoplasms	M	4	-	-	-	-	-	1	-	1	1	1		
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diabetes mellitus	M	9	-	-	-	-	-	1	1	1	3	3		
	F	11	-	-	-	-	-	1	1	1	5	3		
Avitaminoses and other nutritional deficiency	M	1	-	-	-	-	-	-	-	-	-	1		
	F	1	-	-	-	-	-	-	-	-	-	-	-	
Other endocrine, nutritional and metabolic diseases	M	2	-	-	-	1	-	-	-	-	1	-	-	
	F	3	-	1	-	-	-	-	-	-	1	-	-	
Anaemias	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of blood and blood-forming organs	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	-	
Mental disorders	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	-	-	-	
Meningitis	M	1	-	-	-	-	-	-	-	-	-	1	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Carried forward	M	190	-	1	1	1	1	2	7	10	46	65	56	
	F	176	1	1	1	1	-	5	2	19	36	53	57	

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
<i>Brought forward</i>	M	190	-	1	1	1	1	2	7	10	46	65	56	
	F	176	1	1	1	1	-	5	2	19	36	53	57	
Multiple sclerosis	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Other diseases of nervous system and sense organs	M	10	-	-	-	-	1	-	1	1	2	1	4	
	F	5	-	-	-	-	-	-	1	-	2	2	-	
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	M	8	-	-	-	-	-	-	1	1	2	3	1	
	F	9	-	-	-	-	-	-	-	1	1	4	3	
Hypertensive disease	M	8	-	-	-	-	-	-	-	-	2	5	1	
	F	9	-	-	-	-	-	-	-	1	-	1	7	
Ischaemic heart disease	M	231	-	-	-	-	-	1	3	18	42	75	92	
	F	153	-	-	-	-	-	-	-	3	11	36	103	
Other forms of heart disease	M	38	-	-	-	-	-	-	-	-	5	8	25	
	F	42	-	-	-	-	-	-	-	-	4	3	35	
Cerebrovascular disease	M	90	-	1	-	-	-	-	-	2	10	23	54	
	F	127	-	-	-	-	-	-	-	3	12	29	83	
Other diseases of the circulatory system	M	26	-	-	-	-	-	-	-	-	2	10	14	
	F	26	-	-	-	-	-	-	-	1	-	8	17	
Influenza	M	3	-	-	-	-	-	-	-	-	-	3	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
Pneumonia	M	70	-	1	-	-	2	-	-	2	7	18	40	
	F	116	1	-	-	1	-	-	-	3	8	22	81	
Bronchitis, emphysema	M	58	-	-	-	-	-	1	-	2	7	12	36	
	F	9	-	-	-	-	-	-	-	-	2	1	6	
Asthma	M	3	-	-	-	-	-	-	1	-	-	-	2	
	F	3	-	-	-	-	-	-	-	-	1	1	1	
Other diseases of the respiratory system	M	6	-	-	1	-	-	-	-	1	1	-	3	
	F	10	-	-	-	1	-	-	-	-	3	2	4	
Peptic ulcer	M	5	-	-	-	-	-	-	-	-	-	1	4	
	F	4	-	-	-	-	-	-	-	-	-	1	3	
Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Intestinal obstruction and hernia	M	1	-	-	-	-	-	-	-	-	1	-	-	
	F	4	1	-	-	-	-	-	-	-	-	1	2	
Cirrhosis of liver	M	3	-	-	-	-	-	-	-	-	2	1	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
Other diseases of the digestive system	M	5	-	-	-	-	-	1	-	1	-	1	2	
	F	10	-	-	-	-	-	-	1	-	1	2	6	
Nephritis and nephrosis	M	4	-	-	-	-	1	-	-	-	-	-	3	
	F	2	-	-	-	-	-	-	-	-	-	-	2	
Hyperplasia of prostate	M	3	-	-	-	-	-	-	-	-	-	1	2	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other diseases of the genito- urinary system	M	8	-	-	-	-	-	-	1	-	1	2	4	
	F	9	-	-	-	-	-	-	-	-	1	3	5	
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the skin and sub- cutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	
Diseases of the musculoskeletal system and connective tissue	M	5	-	-	-	-	-	-	-	-	2	1	2	
	F	3	-	-	-	-	-	-	-	-	1	1	1	
Congenital anomalies	M	6	1	2	-	-	-	-	1	1	1	-	-	
	F	9	5	1	1	-	-	-	1	1	-	-	-	
Birth injury, difficult labour and other anoxic and hypoxic conditions	M	5	5	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
Symptoms and ill-defined conditions	M	10	1	6	-	-	-	-	-	-	-	-	3	
	F	10	1	1	-	-	-	-	-	-	-	1	7	
Motor vehicle accidents	M	22	-	-	2	-	5	4	-	-	6	4	1	
	F	8	-	-	-	1	1	2	1	1	-	-	2	
All other accidents	M	8	-	1	-	-	-	-	1	1	2	1	2	
	F	19	-	-	-	-	-	-	-	1	-	3	15	
Suicide and self-inflicted injuries	M	6	-	-	-	-	1	-	-	-	4	1	-	
	F	3	-	-	-	-	1	-	-	-	1	1	-	
All other external causes	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
TOTAL ALL CAUSES	M	835	9	12	4	1	11	9	16	41	145	236	351	
	F	776	15	3	2	4	2	8	6	33	85	177	441	

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE - ADMINISTRATIVE COUNTY

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE															
CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
Cholera	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid fever	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bacillary dysentery and amoebiasis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Enteritis and other diarrhoeal diseases	M	2	-	1	1	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	1	-	1	-	
Tuberculosis of respiratory system	M	2	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Late effects of respiratory tuberculosis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	1	-	-	-	
Other tuberculosis	M	1	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Plague	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Streptococcal sore throat and scarlet fever	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningococcal infection	M	-	-	-	-	-	-	-	-	-	-	-	5	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Smallpox	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus and other rickettsioses	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis and its sequelae	M	1	-	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
All other infective and parasitic diseases	M	3	-	-	-	-	-	-	-	1	1	-	1	-	
	F	3	1	-	-	-	-	-	-	-	2	-	-	-	
Malignant neoplasm of buccal cavity and pharynx	M	5	-	-	-	-	-	-	-	-	-	2	3	-	
	F	5	-	-	-	-	-	-	-	1	2	-	2	-	
Malignant neoplasm of oesophagus	M	13	-	-	-	-	-	-	1	2	-	4	2	-	
	F	12	-	-	-	-	-	-	-	1	-	4	7	-	
Malignant neoplasm - stomach	M	35	-	-	-	-	-	-	2	1	6	11	15	-	
	F	27	-	-	-	-	-	-	-	1	4	4	18	-	
Malignant neoplasm of intestine	M	42	-	-	-	-	-	-	2	-	13	17	10	-	
	F	54	-	-	-	-	-	1	-	3	12	11	27	-	
Malignant neoplasm of larynx	M	1	-	-	-	-	-	-	-	-	1	-	-	-	
	F	1	-	-	-	-	-	-	-	-	-	-	-	-	
Malignant neoplasm - lung, bronchus	M	135	-	-	-	-	-	1	3	11	40	60	20	-	
	F	30	-	-	-	-	-	1	-	6	6	10	7	-	
Malignant neoplasm - breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	60	-	-	-	-	-	1	5	13	11	17	13	-	
Malignant neoplasm - uterus	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	22	-	-	-	-	-	-	-	5	5	8	4	-	
Malignant neoplasm of prostate	M	17	-	-	-	-	-	-	-	-	-	6	11	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
Leukemia	M	8	-	-	-	-	1	1	1	-	1	2	2	-	
	F	12	-	-	-	1	-	3	1	1	1	1	4	-	
Other malignant neoplasms	M	86	-	-	-	-	1	4	2	9	22	25	22	-	
	F	100	-	-	-	-	1	1	1	13	20	30	34	-	
Benign and unspecified neoplasms	M	5	-	-	-	-	-	-	1	-	1	2	1	-	
	F	3	-	-	-	-	1	-	-	1	1	-	-	-	
Diabetes mellitus	M	22	-	-	-	-	-	-	1	1	1	8	11	-	
	F	26	-	-	-	-	-	-	1	1	2	7	15	-	
Avitaminoses and other nutritional deficiency	M	2	-	-	-	-	-	-	-	-	-	1	1	-	
	F	1	-	-	-	-	-	-	-	-	-	1	-	-	
Other endocrine, nutritional and metabolic diseases	M	5	-	-	-	1	-	-	-	-	-	1	-	-	
	F	6	-	1	1	-	-	-	-	-	1	2	1	-	
Anaemias	M	3	-	-	-	-	-	-	1	-	1	1	2	-	
	F	6	-	-	-	-	-	-	-	-	-	1	2	-	
Other diseases of blood and blood-forming organs	M	1	-	-	-	-	-	-	-	-	-	3	3	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	
Mental disorders	M	1	-	-	-	-	-	-	-	-	-	-	1	-	
	F	5	-	-	-	-	-	-	-	-	-	-	1	-	
Meningitis	M	1	-	-	-	-	-	-	-	-	-	-	5	-	
	F	2	-	-	-	-	-	-	-	-	-	1	-	-	
Carried forward	M	392	-	1	1	2	2	6	13	25	95	142	105	-	
	F	376	1	1	1	2	-	7	9	46	67	100	142	-	

CAUSE OF DEATH	Sex	Total All ages	Under 4 weeks	4 weeks & under 1 year	Age in years									75 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
<i>Brought forward</i>	M	392	-	1	1	2	2	6	13	25	95	142	105	
	F	376	1	1	1	2	-	7	9	46	67	100	142	
Multiple sclerosis	M	3	-	-	-	-	-	-	1	1	-	1	-	
	F	3	-	-	-	-	-	1	-	-	1	1	-	
Other diseases of nervous system and sense organs	M	16	-	1	-	1	1	1	1	1	4	2	4	
	F	13	-	-	-	-	-	-	1	-	4	4	4	
Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Chronic rheumatic heart disease	M	19	-	-	-	-	-	-	2	1	3	8	5	
	F	18	-	-	-	-	-	-	-	1	3	7	7	
Hypertensive disease	M	21	-	-	-	-	-	-	1	1	4	10	5	
	F	21	-	-	-	-	-	-	1	1	2	5	12	
Ischaemic heart disease	M	488	-	-	-	-	-	1	7	37	101	162	180	
	F	342	-	-	-	-	-	-	-	5	21	86	230	
Other forms of heart disease	M	89	-	-	-	-	-	-	-	2	12	20	55	
	F	114	-	1	-	1	-	-	-	-	5	19	88	
Cerebrovascular disease	M	178	-	1	-	-	-	1	1	6	20	53	96	
	F	302	-	-	-	-	-	1	-	6	19	56	220	
Other diseases of the circulatory system	M	59	-	-	-	-	-	-	-	1	4	26	28	
	F	63	-	-	-	-	-	1	-	2	7	12	41	
Influenza	M	6	-	-	-	-	-	-	-	-	-	5	1	
	F	5	-	-	-	-	-	-	-	-	-	2	3	
Pneumonia	M	153	-	3	-	1	2	-	-	3	10	40	94	
	F	222	1	-	1	1	-	-	-	5	11	31	172	
Bronchitis, emphysema	M	122	-	-	-	-	-	1	-	5	12	34	70	
	F	29	-	-	-	-	-	-	-	1	3	7	17	
Asthma	M	8	-	-	-	-	1	-	-	1	2	1	2	
	F	5	-	-	-	-	1	-	-	-	1	2	1	
Other diseases of the respiratory system	M	12	-	-	1	-	-	1	-	2	1	3	4	
	F	18	-	-	1	-	-	-	-	-	4	4	6	
Peptic ulcer	M	13	-	-	-	-	-	-	1	-	1	4	7	
	F	9	-	-	-	-	-	-	-	-	1	1	7	
Appendicitis	M	1	-	-	-	-	-	-	-	1	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Intestinal obstruction and hernia	M	3	-	-	-	-	-	-	-	-	3	-	-	
	F	7	-	-	-	-	-	-	-	-	-	1	5	
Cirrhosis of liver	M	6	-	-	-	-	-	-	-	1	2	3	-	
	F	3	-	-	-	-	-	-	-	-	1	-	1	
Other diseases of the digestive system	M	9	-	-	-	-	-	-	-	1	-	2	4	
	F	24	-	-	-	-	-	-	2	1	2	6	13	
Nephritis and nephrosis	M	9	-	-	-	-	1	-	-	1	1	3	3	
	F	3	-	-	-	-	-	-	-	-	-	-	3	
Hyperplasia of prostate	M	9	-	-	-	-	-	-	-	-	-	2	7	
	F	-	-	-	-	1	-	-	-	-	-	-	-	
Other diseases of the genito- urinary system	M	11	-	-	-	-	-	-	1	-	1	3	6	
	F	17	-	-	-	-	-	-	-	-	1	6	10	
Abortion	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	1	-	-	-	-	-	-	
Diseases of the skin and subcutaneous tissue	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	3	-	-	-	-	-	-	-	-	-	1	2	
Diseases of the musculoskeletal system and connective tissue	M	6	-	-	-	-	-	-	-	-	2	1	3	
	F	11	-	-	-	-	-	-	-	-	1	3	7	
Congenital anomalies	M	8	1	3	-	-	-	-	1	1	2	-	-	
	F	14	6	3	2	-	-	1	1	1	-	-	-	
Birth injury, difficult labour, and other anoxic and hypoxic conditions	M	14	14	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
Other causes of perinatal mortality	M	3	3	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
Symptoms and ill-defined conditions	M	12	1	6	-	-	-	-	-	-	-	-	4	
	F	15	1	1	-	-	-	-	-	1	-	1	11	
Motor vehicle accidents	M	33	-	-	-	-	5	9	-	1	7	6	3	
	F	14	-	-	-	-	1	3	-	1	2	1	4	
All other accidents	M	25	-	1	-	-	3	2	3	1	3	2	10	
	F	41	-	-	1	-	1	1	1	2	2	5	28	
Suicide and self-inflicted injuries	M	11	-	-	-	-	2	-	2	-	5	2	-	
	F	11	-	-	-	-	1	-	3	2	3	1	1	
All other external causes	M	3	-	-	-	-	-	1	-	1	-	1	-	
	F	2	-	-	-	-	-	-	1	1	-	-	-	
TOTAL ALL CAUSES	M	1742	19	17	5	4	17	24	35	94	295	536	696	
	F	1713	16	7	6	7	6	16	21	76	161	362	1035	

NOTIFICATION OF INFECTIOUS DISEASE IN CAMBRIDGE CITY IN AGE GROUPS, 1972

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non Paralytic			
Under 1 year	3	-	-	-	-	-	-	Under 1 year	-	-
1-	5	-	-	-	-	-	-	1-	-	-
2-	3	-	1	-	-	-	-	2-4	-	-
3-	3	-	2	-	-	-	-	5-9	-	-
4-	7	2	2	-	-	-	-	10-14	-	1
5-9	19	2	13	-	-	-	-	15-19	-	2
10-14	-	2	1	-	-	-	-	20-24	-	6
15-24	1	-	-	-	-	-	-	25-34	-	1
25 and over	4	12	-	-	1	-	-	35-44	-	1
Age unknown	-	3	-	-	-	-	-	45-54	-	3
		-	1	-	-	-	-	55-64	-	2
								65-74	-	-
								75 and over	-	-
								Age unknown	-	1
Totals	45	19	20	-	1	-	-		-	17
1971 Totals	210	21	31	-	-	-	-		-	16

Age in Years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough	
	Infective	Post-Infectious					Age	Number
Under 5 years	-	-	-	-	-	3	Under 3 mths.	-
5-14	-	-	-	-	-	-	3 months	-
15-44	-	-	-	-	-	7	6 "	-
45-64	-	-	-	1	-	5	9 "	-
65 and over	-	-	-	-	-	-	1 year	1
Age unknown	-	-	-	-	-	1	2-4 years	-
							5-9 "	1
							10-14 "	-
							15-19 "	1
Totals	-	-	-	1	-	16		
1971 Totals	-	-	-	-	-	-		
							20-24 yrs.	-
							25-34 "	-
							35-44 "	-
							45-54 "	-
							55-64 "	-
							65-74 "	-
							75 & over	-
							Age unknown	-
								3
								16

Other notifications:

Malaria 1

Leprosy 1

NOTIFICATIONS OF INFECTIOUS DISEASE IN THE COUNTY (EXCLUDING CITY OF CAMBRIDGE) IN AGE GROUPS, 1972

Age in Years	Measles	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute poliomyelitis		Age in Years	Tetanus	Infective Jaundice
						Paralytic	Non paralytic			
Under 1 year	10	-	3	-	-	-	-	Under 1 year	-	-
1-	28	-	4	-	-	-	-	1-	-	1
2-	26	1	5	-	-	-	-	2-4	-	1
3-	22	1	12	-	-	-	-	5-9	-	43
4-	15	-	23	-	-	-	-	10-14	-	21
5-9	97	1	64	-	1	-	-	15-19	-	12
10-14	5	-	7	-	-	-	-	20-24	-	8
15-24	2	2	2	-	-	-	-	25-34	-	13
25 and over	1	2	2	-	1	-	-	35-44	-	6
Age unknown	3	-	-	-	-	-	-	45-54	-	3
								55-64	-	-
								65-74	-	-
								75 and over	-	-
								Age unknown	-	-
Totals	209	7	122	-	2	-	-		-	108
1971 Totals	1918	35	84	-	-	-	-		-	87

Age in years	Acute Encephalitis		Leptospirosis	Paratyphoid fever	Typhoid fever	Food Poisoning	Whooping Cough		
	Infected	Post-Infectious					Age	Number	Age
Under 5 years	-	-	-	-	-	3	Under 3 mths.	-	20-24 yrs.
5-14	-	1	-	-	-	2	3 months	2	25-34 "
15-44	-	-	-	-	-	10	6 "	-	35-44 "
45-64	1	-	-	-	-	2	9 "	-	45-54 "
65 and over	-	-	-	-	-	1	1 year	-	55-64 "
Age unknown	-	-	-	-	-	-	2-4 years	8	65-74 "
							5-9 "	5	75 & over
							10-14 "	-	Age unknown
							15-19 "	-	
Totals	1	1	-	-	-	18			16
1971 Totals	-	1	1	-	-	13			81

CAMBRIDGESHIRE AND ISLE OF ELY
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER
for the
Year ending 31st December 1972

FOREWORD

This, the eighth, annual report on the school health service in the County of Cambridgeshire and the Isle of Ely shows yet again continued progress in the provision of facilities together with the maintenance of the very satisfactory health standard of our school population, due in no small measure to the work and the ever willing co-operation and interest of all concerned, to whom sincere thanks are as always due. The report follows the usual lines and it is not proposed here to make any particular comment on what follows, which is clearly set out to give a fair picture of the activities of the school health service during the year. It is hoped, as always, that those interested will read the report in its entirety - the special comments of the various contributors are well worthy of close attention. It should however be added that, considering what was written here last year, it is a matter of much satisfaction that the school health service will apparently continue, albeit under a different regime. It is hoped that benefit will result to the service, and to those who have manned it over the years, from its integration into the main stream of the national healthservice.

On a personal note, this being the last occasion I shall be introducing such an annual report, I should like to pay tribute to all those members and colleagues, past and present who have helped and encouraged me over the twenty years I have had the honour of serving as principal school medical officer, first in the old Isle of Ely and latterly in the present county. For me it will remain a pleasant memory.

6 August 1973

M.E. HOCKEN
Principal School Medical Officer

This report is prepared in accordance with Section 92 of the Education Act, 1944. The City of Cambridge is an Excepted District under this Act, and the figures and comment in this report relate to the service in the rural area. Those relating to the City are given as part of the annual report of the City Medical Officer of Health.

NUMBER OF CHILDREN ON ROLL

Primary Secondary and Comprehensive Schools	33,422
Nursery Schools	60
Special Schools	<u>403</u>
	<u>33,885</u>

ARRANGEMENTS FOR SCHOOL MEDICAL INSPECTION

Dr. S. Oram and Dr. M. Mellor were appointed part-time medical officers to fill vacancies on the staff mentioned in last year's report. In addition, Dr. R. Chippindale undertook regular sessions of medical inspection.

There was no change in the arrangements for routine medical inspection, visits continuing to be spread over each term. The table that follows shows that the number of children medically examined was much the same as the previous year.

MEDICAL INSPECTION AND TREATMENT

<u>Numbers Inspected</u>	Periodic Inspections	10,364	(10,428)
	Special Inspections	101	(116)
	Re-inspections	3,162	(3,885)

(The figures in parentheses relate to the year 1971)

Proportion of Children Found to Require Treatment

The proportion of individual children found at periodic inspection to require treatment for defects other than dental diseases and head infestation was 4.9% as compared with 7.4% in 1971 and 7.6% in 1970. Defective vision was found in 189 of 515 individual children found to require treatment and this proportion was about the same as last year. The number of children with unsatisfactory nutrition fell from 0.18% in 1971 to 0.09% in 1972. The actual figures involved, 19 in 1971 and 9 in 1972, are however so small as not to be of statistical significance as a proportion of the total number inspected.

Recuperative Holidays

In 1972, children from the county have enjoyed recuperative holidays as follows:

- 1 child spent 2 weeks at Camber Sands, Rye, Sussex.
 - 1 child spent a week in the Lake District at Easter Time.
 - 4 children spent 2 weeks at Heathercombe Brake Childrens Home, Devon, during the summer.
- In all cases, the necessary cost was met by the authority.

SCHOOL DENTAL SERVICE

Mr. J.C. McIntyre, L.D.S., has submitted the following report on the service:-

" 1972 was a year for consolidating the improved services which were made possible by the opening of five new surgeries the previous year, bringing the total to twenty-five, and by the deployment of available staff over as large an area as possible. Now that this reasonable degree of cover has been achieved for the whole county, an attempt has been made in 1972 to increase the output of the dental service by increasing the output of each individual operator. This I am pleased to say has made it possible for the service to take on more patients with the resultant increase in the number of school children inspected and offered treatment. The 1972 returns for the number of children inspected shows an increase of 40% over the previous year.

The efforts to increase the number of children undergoing treatment has once again drawn my attention to the fact that we are still a long way from conquering the problem of dental disease. I have become more convinced than ever that our only hope for the future is to concentrate on prevention. Prevention is obviously more desirable than treatment for many reasons, both economic and from the point of view that preventive measures are more readily accepted by children and can be carried out by ancillary staff.

I think that the following quote from the World Health Organisation explains very well the present situation in dentistry:

"Too many dentists are occupied in giving extensive and elaborate care to adults for conditions which would have been much less serious if those adults had been treated when they were young children."

The largest proportion, I would say as high as 90%, of all dental resources, finance and manpower, are used at the present time in repairing the damage caused

by dental disease. Unfortunately, in dentistry we have as yet no cure for the disease which we fight and we have only very limited means for prevention: fluoridation of the drinking water being by far the most important. Fluoridation is a perfect public health measure in that it benefits the whole community and it does not put an additional workload on the already limited dental manpower. Its effect on dental decay is dramatic, producing a reduction of 50%. This one fact shows why fluoridation is of such vital importance: take this preventive measure away and we are virtually helpless against a disease which at the present time is running at epidemic level - 95% of the population suffer at one time or another from dental decay, causing an estimated $\frac{1}{4}$ million people to visit the dentist every weekday of the year. This is why it was such a disappointment to me, and I am sure to many others, when we were prevented in July 1972 from implementing our policy of fluoridation. This was due to a decision taken by the Huntingdon and Peterborough County Council when they voted, by a majority of one, against fluoridation. This decision prevented the overlap population in Huntingdon and Peterborough who are served by the Cambridge Water Company from benefitting from fluoridation and it also thwarted the whole Cambridgeshire and Isle of Ely fluoridation project. We can only hope that in the near future discussions on this vital public health measure can again be opened.

I would like to take this opportunity to thank Mr. Peter Burke, who was until September consultant orthodontist at Addenbrooke's Hospital, for the invaluable help and encouragement that he has given us over the past years with our orthodontic patients. In addition to advice and treatment for individual patients, Mr. Burke gave post-graduate tuition to many members of the staff, enabling us to improve the standard of our orthodontic services. We all wish him well in his new appointment as Professor of Dental Health at Sheffield University. "

SCHOOL OPHTHALMIC SERVICE

Unfortunately we were unable to appoint a doctor to hold a regular eye session for school children in Cambridge until September when Dr. S. Yealland commenced holding a weekly clinic at Addenbrooke's Hospital, New Site. However, after two months a further move, due to structural alterations, had to take place and from 1st November, 1972, Dr. Yealland held a weekly eye session at the Auckland Road Clinic, Cambridge.

The table which follows shows the number of children examined during the year under arrangements made by the local education authority, but any assessment of the extent of visual defects in school children would have to take into account the number of instances where the parents have preferred to make their own arrangements or where reference had been made other than via the school health service.

	Number of examinations	Number of new patients	Number of prescriptions
Doddington Hospital	398	116	139
North Cambs. Hospital, Wisbech	266	62	117
Ely Health Centre	260	76	113
Whittlesey Health Centre	96	40	51
Cambridge Clinic	64	36	37
TOTAL	1,084	330	457

Of the children examined in the routine age groups during the year 1972, or approximately 16%, of the total required observation or treatment for visual defect (excluding squint) and another 281, or approximately 3%, on account of squint or suspected squint.

A good many children are examined at hospital as a result of references by the school medical staff and particular mention should be made of the co-operation of Mr. J. Monckton, consultant ophthalmic surgeon at Newmarket General Hospital who readily sees a considerable number of children in whose case the journey to Newmarket is easier than to any of the other clinics. Mr. Monckton is kind enough, moreover, to submit full reports on all patients whom he sees in this way, and to him I should like to express my gratitude.

CHILDREN WITH IMPAIRED HEARING

Routine sweep testing of all children in their second term at school continued throughout the year and 4,334 children in this group were tested, of whom 452 required retest. School children of any age are tested where there appears to be a need for it and 340 of these special tests were undertaken resulting in 113 children requiring retest. By the end of the year 482 retests had been carried out and the results in 254 cases were such as to need further investigation.

Children in Special Classes

12 children from the county area were in attendance at special units for children with impaired hearing attached to ordinary schools.

Peripatetic Teachers of Children with impaired Hearing

A report by Mr. J.L. Holmes, senior teacher of children with impaired hearing appears on page 24 in that part of the report prepared by the county medical officer of health.

SPECIAL EDUCATIONAL TREATMENT

The following table gives details of the handicapped children in special schools as at 25th January, 1973 and also shows the number of children newly placed in special schools during 1972.

It will be noted that by far the largest category requiring placement is the educationally sub-normal, followed by the physically handicapped, and we are fortunate in that we have been able to place the majority in day special schools in the City of Cambridge and at Wilburton Manor and Littleton House, both within the county area.

Special Educational Treatment

Handicapped Pupils

	In maintained special schools				In non-maintained special schools				In independent schools		Boarded in homes		Special classes and units not forming part of a special school		Totals		Newly placed in special schools in 1972	
	Day		Boarding		Day		Boarding		M	F	M	F	M	F	M	F	M	F
	M	F	M	F	M	F	M	F										
1. Blind	-	-	-	-	-	-	2	3	-	-	-	-	-	-	2	3	-	-
2. Partially Sighted	-	-	9	6	-	-	1	-	-	-	-	-	-	-	10	6	-	1
3. Deaf	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-	-
4. Partially Hearing	-	-	-	-	-	-	-	-	-	-	4	8	-	-	4	8	-	-
5. Physically Handicapped	21	14	5	2	-	-	-	4	6	-	-	-	-	-	32	20	2	1
6. Delicate	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1	-	1
7. Maladjusted	-	-	5	-	-	-	-	-	10	5	-	-	-	-	15	5	1	-
8. Educationally Sub-normal	205	116	54	31	-	-	1	-	-	-	-	-	-	-	260	147	19	18
9. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Speech Defective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	226	130	73	39	-	-	4	7	18	6	-	-	4	8	325	190	22	21

CHILD PSYCHIATRIC SERVICE

There were no changes in the operation of this service during 1972 and I am obliged to Dr. V. Pillai and Dr. B.F. Whitehead for the reports which follow. Dr. Pillai and his colleagues are responsible for that area of the county south of March and work from Brookside, Cambridge, whilst Dr. Whitehead and Dr. Peterson deal with children living in the northern part of the county and are based at Peterborough Memorial Hospital. The consultants are employed by the Regional Hospital Board which provides the child psychiatric service in the area.

Close liaison continues to exist between the medical staff of the local authority and the child psychiatrists, with medical officers attending weekly clinics, and every care is taken to ensure that general practitioners are kept fully informed of the situation with regard to their patients.

Dr. Pillai, writing as Chairman of the Consultant Staff Group based at Cambridge makes the following comments:-

" During 1972 we were able to increase the number of staff, including psychiatrists, social workers and psychologists, working in the child psychiatric service. This has enabled us not only to see more new cases but also to improve our treatment programmes offered to psychiatrically disturbed children and their families. As before we offer out-patient diagnostic facilities as well as individual and family psychotherapy. In addition we have been able to offer regular sessions of out-patient group therapy to children and their parents who are in need of such courses of treatment. Because of lack of space we were not able to expand our treatment facilities to include an intensive day-patient treatment service. Our experience over the year has shown a regrettable lack of facilities in our area for children with learning difficulties and who are in need of intensive educational training.

Also during this year we have been able to establish a regular training programme at our clinic headquarters for all those professional workers who are concerned with the care of children and their families. This is mainly in the form of seminars, case demonstrations, lectures from experts, and films.

As existed in previous years there is an excellent liaison between the staff in our department and the school medical service, educational psychologists and members of the social service department and others who are concerned with the care of children and their families. We have continued with the weekly interdisciplinary meetings which have proved valuable to many of us.

Hawthorns Hostel has continued to provide excellent and much needed treatment facilities for children who are in need of residential treatment. We do acknowledge the positive help given by this hostel and its warden. We hope this will continue to function in a similar manner even when we acquire an in-patient unit for children with severe psychiatric disorders.

The following statistical tables show an increase in the number of new referrals to the clinic, this trend is expected to continue and we hope to be able to offer help quickly, thus minimising the effects of continuing crisis and anxiety.

CAMBRIDGE COUNTY CHILDREN

New patients in 1972

Referred by:	Brookside	Bene't Place	Total
School Medical Officers	50	26	76
General Practitioners	57	12	69
Consultants	13	0	13
Social Services Department	7	3	10
Magistrates	7	0	7
Others	9	0	9
	143	41	184
<u>Sex</u>			
Boys	91	32	123
Girls	52	9	61
	143	41	184
<u>Age</u>			
Preschool	9	0	9
5 - 11 years	57	34	91
12 - 16 years	77	7	84
	143	41	184
<u>Clinic Action</u>			
Consultation	35	9	44
Observation	48	12	60
Treatment	60	20	80
	143	41	184
Notified to School Medical Officer	77	29	106
Cases brought forward under observation or treatment	120	5	125

CAMBRIDGE CITY CHILDREN

New patients in 1972

Referred by:	Brookside	Bene't Place	Total
School Medical Officers	25	3	28
General Practitioners	50	4	54
Consultants	7	0	7
Social Services Department	6	0	6
Magistrates	6	0	6
Others	6	0	6
	100	7	107
<u>Sex</u>			
Boys	69	6	75
Girls	31	1	32
	100	7	107
<u>Age</u>			
Preschool	6	0	6
5 - 11 years	51	7	58
12 - 16 years	43	0	43
	100	7	107
<u>Clinic Action</u>			
Consultation	14	0	14
Observation	32	2	34
Treatment	54	5	59
	100	7	107
Notified to School Medical Officer	56	6	62
Cases brought forward under observation or in treatment	59	7	66

Dr. Whitehead writes as follows:-

" The clinical psychologist, Miss Labrum, left in February to take up an appointment at Guy's Hospital, London, and the post in Peterborough remains vacant. The educational psychologists have, on behalf of the clinic, tested many children residing in their areas, and we are particularly grateful for their help. There is nevertheless a serious gap in the hospital service. The post of senior clinical psychologist has been advertised but to date we have had no applications of sufficient calibre.

In October a second consultant, Dr. E.B. Peterson, was appointed to the Department of Child and Family Psychiatry at Peterborough District Hospital. At the present time there is a vacancy for a second psychiatric social worker to work with Dr. Peterson. Referrals to the clinic are seen by either psychiatrist, unless there is a specific wish for a particular psychiatrist to see a particular family.

During 1973 we hope to move into Phase III of the Peterborough District Hospital where there will be accommodation for outpatients, 10 day-patients and 10 in-patients. The day-patient and in-patient unit is intended to provide treatment for those children suffering from neurotic, organic, and psychosomatic conditions, and those behaviour disorders which can be contained in an open unit, situated in a district general hospital. Children with severe acting out (delinquent) conduct disorders, gross deprivation syndromes, or established autism (childhood psychoses) are unlikely to be considered amenable to therapy within this setting. Likewise the proportion of hyperkinetic destructive children within the unit at any one time will be strictly limited. The average duration of stay will be 6 - 12 months, and the age range will be under 13. Thus, the hospital in-patient unit will not be an alternative placement for those children whose needs will still be met by community homes and maladjusted and approved schools, or who require long term in-patient placement.

We are still concerned about the lack of any residential treatment for adolescents of both sexes. We hope to provide a mixed unit in the hospital but this will require careful siting to provide the facilities such adolescents would require.

We will continue to provide services for school health and social services to the best of our ability.

At the time of writing, Dr. Whitehead is continuing to hold a clinic at the North Cambridgeshire Hospital, Wisbech. It is likely that this clinic will be run in the future by Dr. Peterson, who is also exploring the possibility of holding other clinics in the Cambridgeshire area. "

Number of new cases seen	45
Referred by:	
School Medical Officer	16
General Practitioners	20
Consultants	2
Social Services Department	2
Probation Officer	1
Others	4
Dealt with as follows:	
Treatment	30
Consultation	14
Observation	1
Cases under treatment brought forward from 1971	37
Number of cases closed	55
School Medical Officer notified	38

SPEECH THERAPY

I am much obliged to Mrs. H.G. Hramtsov for the following report on the speech therapy service during the year under review:-

" During 1972 the speech therapy service remained fully staffed. Mrs. H. Goodwill and Miss S. Rees left at the end of September, and were replaced in October by Mrs. G. Saltmarsh and Miss J. Parkin. Mrs. E. Evans left at the end of December. There is now an establishment of 8 full time therapists.

As a result of this situation, more children received speech therapy during this year (1971 - 1035: 1972 - 1245), and more were discharged from the treatment list (1971 - 281: 1972 - 413); we are therefore in the satisfactory position of showing a decrease in the number of children on the books at the end of the year, in spite of the constantly increasing number of referrals (477: 514: 546).

Speech therapists have attended several day courses throughout the year; in September two therapists attended the Sixth National Conference of the College of Speech Therapists in Bedford; on October 7th a day course was held at the Country Centre, Howes Place, Cambridge, in conjunction with the East Anglian area of the College of Speech Therapists, on the subject of "Language Development and Communication". It was hoped that this course would bring together representatives of the many disciplines concerned with the care of children suffering from disorders of speech and it was attended by teachers, school medical officers, psychologists, remedial teachers, teachers of the deaf, and others, as well as speech therapists from all parts of East Anglia.

<u>Statistics</u>		City of		
<u>Referrals</u>		<u>County</u>	<u>Cambridge</u>	<u>Total</u>
Number awaiting examination at end of 1971		37	3	40
Number of new referrals during 1972		419	127	546
Number examined and found to require treatment		400	121	521
Number not requiring treatment, treatment refused, left area before examination, referred elsewhere etc.		28	5	33
Number not yet examined		28	4	32
<u>Treatment</u>				
Regular treatment during some period of the year		548	169	717
Occasional attendance for treatment or advice		385	143	528
	TOTAL	933	312	1,245
Number discharged from treatment list during year				
Speech normal		88	34	122
Speech satisfactory		168	52	220
Left area etc.		55	16	71
	TOTAL	311	102	413
Number on treatment list at end of 1972		676	230	906
Of this total, number not seen throughout year on account of staff shortage, family moving to new area etc.		18	6	24
<u>Awaiting treatment</u>				
On treatment list but not seen during 1972 (see above)		18	6	24
Number on waiting list at end of year		242	63	305
Number referred but not yet examined		28	4	32
	TOTAL	288	73	361
<u>Summary</u>				
Number on treatment list at end of 1972		676	230	906
Number on waiting list		242	63	305
Number referred but not yet examined		28	4	32
Total number on books at end of year		946	297	1,243

	County	City of Cambridge	Total
Number of home visits	334	69	403
Number of school visits (apart from regular visits for treatment)	141	53	194

(These figures do not include children attending the Junior Training Schools for whom a separate report is given.)

Junior Training Schools

Orchard Court School, Wisbech

During 1972 the school has been visited at monthly intervals. Parents have attended there for sessions of discussion with the speech therapist, who has advised them on their child's speech problems and shown them how best to help the child to develop the ability to comprehend speech, to express himself in words, and to improve articulation and movement of the speech musculature. Discussions have also been held with teachers regarding individual children and the best ways to help them. Each child has his own particular problem and needs a different approach, although some methods of helping them will be basic to all; the majority have shown some definite improvement throughout the year.

Number of children seen individually: 10

Parents advised and child treated occasionally at school: 7

Teachers advised and child treated occasionally at school: 3

Ida Darwin Hospital School

No. of sessions per week: 6

No. of children at school: 85-90

No. of children treated individually: 17

No. of individual treatments: 613

No. of assessment sessions: 60

No. of new patients admitted for treatment during year: 5

The general aim of therapy was to increase each child's comprehension of spoken language, and to encourage some means of expressive response. More specifically, therapy was aimed at teaching the child to listen, and to increase his concentration span.

The number of individual treatment sessions per child varied. Several of the patients were seen on a daily basis, others from 1-3 times a week. Much of the work was done in the classroom with the teachers' co-operation. The children selected for individual treatment were those whose language abilities seemed to be more retarded than their level of performance in other fields would lead one to expect. General classroom work was used with the other children with a view to increasing the over-all verbal environment. With some children it was only possible to attempt indirect therapy, as they were too sensitive to failure to tolerate direct attempts at speech work. Because of the intensive nature of the treatment, it was necessary to limit the numbers under direct treatment. The therapist was always available for consultation regarding other children about whom members of the hospital staff might be concerned.

The number given for assessments includes out-patients, short term care patients, and in-patients. The number of periods allowed for the assessment of any given child varied from 1 - 6. The assessment numbers also include "panel assessments" in which a patient was considered by all those staff concerned with his care and welfare.

One year is a very short period over which to assess progress in children of such limited mental capacity. There has, however, been observable improvement in most of the children seen for individual therapy. This varies from improved attempts at expression to slightly longer attention span in general with no measurable specific improvement in language use. It is unfortunate that the present therapist has to leave after such a relatively short time, as it is most strongly felt that for all the children included above improvement, however slight, is possible and extremely desirable.

Highfields School

During 1972 the school has been visited 6 times. During these sessions the children's speech problems were discussed with the teachers and advice given on how to help them. The children were also observed in the classroom situation.

The parents were also visited and advised. They were shown how to help their own child and follow-up work was done in the homes.

No. of children seen: 10
No. of home visits: 17

Rees Thomas School

During the year the therapist has worked 48 sessions at the school. All 70 children have been seen at least twice for assessment. A language age was obtained for 55 of these children using the Reynell developmental language scales; the remaining 15 children could not be tested formally. Nine of the children have been selected for regular treatment by the therapist and a further nineteen for occasional treatment or treatment by regular advice to the parent and/or teacher. A certain amount of general classroom work has also been done, e.g. helping to devise a language programme for use on a Language Master teaching machine.

Altogether 15 parents have been interviewed individually for advice on how to help their children and in addition an evening talk was given to parents on the general principles of helping children with retarded speech development at home.

HEALTH EDUCATION IN SCHOOLS

An increasing awareness of the importance of positive health and appreciation of the place that it can take in both primary and secondary education has resulted in greater use being made of the advisory and teaching capacities of the health education section and of it's growing store of audio-visual aids.

The exhibition at Homerton and Wisbech teachers' centres reported on page 45, coupled with the lectures and discussions that also took place both at that time and on many other occasions, have helped to keep schools up-to-date with new developments and have given teaching staff an opportunity to explore new ways of including health in various parts of the curriculum.

Health orientated programmes are in progress in a number of primary schools and the majority of secondary schools, and are aimed not only at giving the child a better knowledge of how his body functions but also at giving opportunity for discussion on personal relationships, social problems and other related topics. It is sad however that we continue to see this having little emphasis where pupils are heavily involved in examination courses. If education is deemed to be 'for life' then surely this most vital subject, the health of each individual, should be essential to every pupil.

IMMUNISATION AND VACCINATION OF SCHOOL CHILDREN

The following table shows the number of school children who received protection against diphtheria, tetanus, whooping cough and poliomyelitis during 1972:-

	<u>Primary Course</u>	<u>Booster</u>
Diphtheria	113	2,575
Whooping Cough	53	514
Tetanus	303	3,323
Poliomyelitis	132	2,507

During the year the practice was continued of offering BCG vaccination to school children aged 12 and above.

GERMAN MEASLES

During the year 908 girls aged between thirteen and fourteen were vaccinated against German Measles.

BCG VACCINATION

The following figures relate to BCG vaccination in the area during 1972:-

Number skin tested	2,739
Number found positive	59
Number found negative	2,549
Number vaccinated	2,539

X-ray of children found positive was undertaken in the usual manner at Addenbrooke's Hospital, Cambridge, at the North Cambridgeshire Hospital, Wisbech and at Doddington Hospital.

INFECTIOUS DISEASES

The following table sets out the records received from general practitioners of notifiable infectious diseases occurring in school children.

Measles (excluding rubella)	102
Dysentery	1
Scarlet Fever	71
Infective Jaundice	62
Acute Encephalitis	1
Food Poisoning	2
Whooping Cough	8

SCHOOL SWIMMING POOLS

I am very pleased to be able to append a note from Mr. J.G. Milne, senior county organiser of physical education:-

" Swimming continues to play an important part in the physical education programme in schools throughout the county. A large indoor swimming bath (25 metres) was opened in Wisbech in the summer of 1972 provided by the town, with shared use between school children and the public. An indoor bath has also been provided by the authority at Sawston Village College which is smaller and shallower but also a great asset to the physical education programme, by providing swimming throughout the whole year.

Three more surface type learner pools have been provided by the combined efforts of parents and the authority and there are now 107 pools of various kinds in schools. The county policy to grant-aid the installation of heating plant for outdoor pools also continues and eleven more are now being heated. Seventy schools are now able to teach children to swim in warm water which is particularly advantageous to those who are learning to swim.

Due to the generous provision of pools and the energy and enthusiasm of so many teachers, almost all children leaving primary schools in the county are able to swim. An increasing number of deeper pools at secondary schools is now allowing a swimming programme to be continued with the older children and indeed many adults.

PROVISION OF MILK AND MEALS IN SCHOOLS

The arrangements for the supply of milk have continued as before. In October, 1972, 302 pupils in special schools (86.3%) : 7437 pupils under eight years of age (94.31%) and 17 pupils over eight years of age (0.14%) received free milk.

Cooked midday meals were available for all schools, and a total of 21,534 children (68.83%) received them. At the nursery school 22% took meals: at primary schools 72.03%: at secondary schools 63.18%: and at special schools 66.81%.

MEDICAL INSPECTION AND TREATMENT

Statistics for the year ended 31st December, 1972

Numbers of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1973.

(i) Form 7 Schools	33,422
(ii) Form 7M Schools	403
(iii) Form 11 Schools	60
TOTAL:	<u>33,885</u>

PART 1. - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils who have received a full medical examination	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
			No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 & later	56	56	-	-	4	7	10
1967	2,274	2,271	3	-	43	112	150
1966	1,499	1,499	-	-	33	70	86
1965	220	220	-	-	5	10	12
1964	2,057	2,053	4	-	34	44	78
1963	1,239	1,238	1	-	26	17	41
1962	200	200	-	-	6	7	10
1961	146	146	-	-	4	2	6
1960	107	107	-	-	2	4	4
1959	1,429	1,428	1	-	21	52	72
1958	869	869	-	-	6	36	36
1957 & earlier	268	268	-	-	5	8	10
TOTAL	10,364	10,355	9	-	189	369	515

Column (3) total as a percentage of Column (2) total 99.91%

Column (4) total as a percentage of Column (2) total 0.09%

TABLE B. - OTHER INSPECTIONS

Number of special Inspections	101
Number of Re-inspections	3,162
Total	<u>3,263</u>

Notes:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.	56,573
(b) Total number of individual pupils found to be infested	216
(c) Number of individual pupils in respect of whom cleaning notices were issued (Section 54(2). Education Act, 1944)	-
(d) Number of individual pupils in respect of whom cleaning orders were issued (Section 54(3). Education Act, 1944)	-

PART II - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and others, excluding errors of refraction and squint	-
Errors of refraction (including squint)	<u>1,106</u>
Total	<u>1,106</u>
Number of pupils for whom spectacles were prescribed	482

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	67
(b) for adenoids and chronic tonsillitis	75
(c) for other nose and throat conditions	2
Received other forms of treatment	<u>12</u>
Total	<u>156</u>
Total number of pupils still on the register of schools at 31st December 1972 known to have been provided with hearing aids:-	
(a) during 1972	9
(b) in previous years	92

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of pupils known to have been treated
(a) Pupils treated at clinics or out-patients departments	32
(b) Pupils treated at school for postural defects	-
Total	<u>32</u>

TABLE D - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of pupils known to have been treated
Ringworm - (a) Scalp	2
(b) Body	-
Scabies	14
Impetigo	41
Other skin diseases	35
Total	92

TABLE E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance Clinics	214

TABLE F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	933

TABLE G - OTHER TREATMENTS GIVEN

	Number known to have been treated
(a) Pupils with minor ailments	35
(b) Pupils who received convalescent treatment under school Health Service arrangements	2
(c) Pupils who received BCG vaccination	2,539
(d) Other than (a), (b) and (c) above	100
Total	2,676

DENTAL INSPECTIONS AND TREATMENT

(These statistics relate to the whole of the Administrative County)

Dental Officers

1. <u>Inspections</u>	<u>Number of pupils</u>		
	inspected	requiring treatment	offered treatment
(a) First inspection - school	17,040		
(b) First inspection - clinic	7,985	15,471	14,879
(c) Re-inspection - school or clinic	1,376	1,004	1,004
	26,401	16,475	15,883
2. <u>Visits</u> (for treatment only)			
	<u>Ages 5-9</u>	<u>Ages 10-14</u>	<u>Ages 15 and over</u>
First visit in the calendar year	5,379	4,106	773
Subsequent visits	8,486	8,382	1,781
Total visits	13,865	12,488	2,554
3. <u>Courses of Treatment</u>			
Additional courses commenced	439	491	63
Total courses commenced	5,818	4,497	836
Courses completed			8,119

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
4. <u>Treatment</u>				
Fillings in permanent teeth	3,642	8,155	2,512	14,309
Fillings in deciduous teeth	6,905	604		7,509
Permanent teeth filled	2,877	6,981	2,243	12,101
Deciduous teeth filled	6,153	509		6,662
Permanent teeth extracted	276	1,837	435	2,548
Deciduous teeth extracted	5,452	2,039		7,491
Number of general anaesthetics	1,424	743	125	2,292
Number of emergencies	842	562	129	1,533

Number of pupils X-rayed	1,267
Prophylaxis	3,684
Teeth otherwise conserved	755
Teeth root filled	87
Inlays	1
Crowns	28

5. Orthodontics

New cases commenced during the year	215
Cases completed during the year	139
Cases discontinued during the year	10
Number of removable appliances fitted	278
Number of fixed appliances fitted	-
Number of pupils referred to hospital consultants	66

	Ages 5-9	Ages 10-14	Ages 15 and over	Total
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6. Dentures

Number of pupils fitted with dentures for the first time:-

(a) with full dentures	-	-	2	2
(b) with other dentures	4	24	14	42
Total	4	24	16	44

Number of dentures supplied (first or subsequent time)	4	36	24	64
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7. Anaesthetics

Number of general anaesthetics administered by dental officers 623

Dental Auxiliaries

Details of work carried out by dental auxiliaries and included in previous table.

1. <u>Visits</u> (for treatment only)	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit in the calendar year	987	549	84	1,620
Subsequent visits	2,038	1,329	228	3,595
Total visits	3,025	1,878	312	5,215

2. Courses of Treatment

Additional courses commenced	75	64	5	144
Total courses commenced	1,062	613	89	1,764
Courses completed				1,210

3. Treatment

Fillings in permanent teeth	1,359	1,792	390	3,541
Fillings in deciduous teeth	1,841	138		1,979
Permanent teeth filled	987	1,440	338	2,765
Deciduous teeth filled	1,583	117		1,700
Deciduous teeth extracted	187	95		282
Prophylaxis				795

SCREENING OF VISION AND HEARING

In addition to the statistics published on the foregoing pages, the Department of Education and Science request the completion of a questionnaire on the subject of screening tests of vision and hearing, and a summary is appended:-

Is the vision of entrants tested as a routine within their first year at school?	Yes
At what age(s) is vision testing repeated during a child's school life?	8+, 11+, 12+, 13+, 14+, 15+, 16+
Is colour vision testing undertaken?	Yes
If so, at what age?	8+
By whom is vision testing carried out?	School M.Os./School Nurse
By whom is colour vision testing carried out?	School M.Os./School Nurse
Is routine audiometric testing of entrants carried out within their first year at school?	Yes
If not, at what age is the first routine audiometric test carried out?	-
By whom is audiometric testing carried out?	Audiometrician or health visitor.

